Village of Colfax Regular Board Meeting Monday, June 27th, 2022 7:00 p.m.

Village Hall, 613 Main Street, Colfax, WI 54730

- 1. Call the Regular Board Meeting to Order
- 2. Pledge of Allegiance
- 3. Roll Call
- 4. Public Comments
- 5. Communications from the Village President
- 6. Consent Agenda
 - a. Regular Board Meeting Minutes June 13th, 2022
 - b. Review Statement of Bills Pooled Checking-June 13th, 2022 to June 26th, 2022
 - c. Review Statement of Bills Solid Waste & Recycling Checking-June 13th, 2022 to June 26th, 2022
 - d. Training Request none
 - e. Facility Rental none
 - f. Licenses

July 1, 2022-June 30, 2023 Operator's License

Roger Knutson	Mikki McCutcheon	Alana Smith
Christopher Larson	Kyle Krall	Vicki Christenson
Steven Stokke	Jeffrey Rene	Leah Scheffler
Dale Oebser	Nicole Gotlibson	Lyndsey Pederson
Evia Gehrman	Julie Eiseth	Trevor Schindler
Davina Brenden	Jalene Amick	Jakob Moore
Chris Lunn	Tristan Wolff	Kayla Jenson
Brenda Kettner	Mary Muza	Tammy Simon
Renee Tuschl	Tamara Whinnery	Kaitlyn Papineau
Bailey Haugle-Score	Joni Koehler	Deborah Petersen
Timothy Kettner	Suzanne Hagen	Andrew Anderson
Jacqueline Clark	Robin Sarauer	Kara Buchner
Tammy Dalhoe	Kayla Brown	Katherine Walters
Peggy Wallace	Joshua Larson	Tiffany Prince
Aimee Fruit	Abby DeMoe	Tammy Nelson
Steven Longdo	Noah Heidorn	Hailey Prince
Mary Roehl	Hannah DeMoe	Elizabeth Affolter
Deziray Raak	Jasmine Best	Thomas Dunbar
Nancy Taylor	Morgan Jensen	Jeffrey Prince

July 1, 2022-June 30, 2023 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/20/2022

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 6/6/2022

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/12/2022

Kyle's Market Inc., Kyle Kressin, Agent -Class"A" Beer and Class "A" Liquor-115 Main Street, 5/27/2022

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer-401 E Railroad Avenue, 5/31/2022

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 6/1/2022

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 6/2/2022

A Little Slice of Italy, Anne Jenson, Agent - Class B" Beer and Class "C" Wine-501 Main Street, 6/6/2022

July 1, 2022-June 30, 2023 Tobacco License

The Blind Tiger LLC-512 Main Street
Dolgencorp, LLC/Dollar General-402 Fifth Avenue
J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street
Outhouse Bar-413 Main
Street
Kyles Market Inc.-115 Main Street
Synergy Community Cooperative-401 E. Railroad Avenue

July 1, 2022-June 30, 2023 Chicken License

Pamela Moen-705 University Avenue

- 7. Consideration Items
 - a. Parks Committee Action
 - i. Spreading Garden Recommendation
 - b. Public Properties Committee
 - i. Actions from the Building List Repairs Minutes
 - c. Dunn Street Update
 - d. Lagoon Update
 - e. Public Works Department General Discussions
- 8. Committee/Department Reports (no action)
 - Parks Committee Meeting Minutes June 6th, 2022
 - b. Public Safety Committee Minutes June 6th, 2022

9. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting June 13th, 2022

On June 13th, 2022, the Village Board met at Village Hall at 7:00 p.m. Members present: Trustees Rud, Jenson, Davis, Prince, M. Burcham and Albricht. Excused: Trustee Stene. Others present included Lisa Fleming with Ayres Associates, Sheila Riemer, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Minutes

Regular Board Meeting Minutes - May 23rd, 2022- A motion was made by Trustee Prince and seconded by Trustee M. Burcham to approve the Regular Board meeting minutes from May 23rd, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Public Hearing –CDBG Grant requirement – Meeting Minutes-May 23rd, 2022 – A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve the meeting minutes for the Public Hearing for the CDBG Grant, May 23rd, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Board of Review Minutes – June 1st, 2022 – A motion was made by Trustee Davis and seconded by Trustee M. Burcham to approve the board of Review Minutes from June 1st, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Review Statement of Bills –May 23rd, 2022 to June 12th, 2022 Review Statement of Bills Solid Waste & Recycling Checking May 23rd, 2022 to June 12th, 2022

A motion was made by Trustee M. Burcham and seconded by Trustee Rud to approve both the Village of Colfax Statements of Bills and the Solid Waste & Recycling Bills for May 23rd, 2022 to June 12th, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Training Request – EMT 1 AND EMT 2 Classes through CVTC and reimbursed by the State – Kendra Pickett and Lauren LaBeree - A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve the state reimbursed training for EMT 1 and EMT 2 classes for Kendra Picket and Lauren LaBeree. A voice vote was taken with all members voting in favor. Motion carried.

Reconsider Water/Sewer Training Reimbursement form Don Logslett from March 2022 – The Board discussed the reasons why the training was not approved the first time. At that time, it is felt that the certification training requirements were not made entirely clear if the training in 2022 was for certification renewal of 2022 or 2023. After discussions, a motion was made by Trustee Jenson and seconded by Trustee M. Burcham to pay \$785 for the WRWA training and lodging reimbursement to Don Logslett in March. Voting For: Trustees M. Burcham, Davis, Rud, Jenson, Prince and Albricht. Voting Against: none. Motion carried.

Facility Rental - none

Licenses – Temporary Class "B"/"Class B" Retailer's License –June 16th, 2022 to June 19th, 2022 – Russel Toycen Post 131 – Colfax Free Fair - A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve the Temporary Class "B"/"Class B" Retailer's License for June 16th to June 19th, 2022 for the Colfax Fair. A voice vote was taken with the all members voting in favor. Motion carried.

Consideration Items

Dunn Street Pay Request 1 – Skid Steer Guy –Fleming and Bates explained that the underground is complete and Skid Steer Guy has been hauling base course in. The pay request is for the removal and installation of the underground totaling \$86,866.85 less the 5% retainage of \$4,343.34 equaling \$82,523.51. A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve Pay Request 1 for the Dunn Street Project to Skid Steer Guy in the amount of \$82,523.51. Voting For: Trustees Prince, Jenson, Rud, Davis, M. Burcham and Albricht. Voting Against: none. Motion carried.

Colfantastic Event – Heather Logslett provided an email indicating that the Colfantastic is working on another event. They would like to host a 1 mile and 5K run on September 10th, 2022 (Firemen's Ball Weekend). A projected schedule was provided. If all the items listed are approved by the fire fighters, then Niggemann sees no issues with the main item

being the Bloody Mary Bar after the 5K run/walk. The serving of the drinks would be a licensed bartender and in the fenced in area. The Class "B"/"Class B" license would allow this to occur. The Village participation may include police controlling intersections. No action required.

Transfer of Lot 3 of Eastview Development to Homes by Croix Creek – Niggemann explained that Fraley would like to begin excavating this week for Lot 3. He is also ready to add concrete driveway aprons for the homes in lot 4 and 5. A motion was made by Trustee M. Burcham and seconded by Trustee Rud to approve the transfer of Lot 3 to Homes by Croix Creek. Voting For: Trustees Rud, Jenson, Prince, M. Burcham, Davis and Albricht. Voting Against: none. Motion carried.

\$500 Donation from Homes by Croix Creek, John Fraley – Board can identify use of the funds – Niggemann explained that Fraley mentioned that the funds could be used for anything the Board wanted to designate the funds to. Some items that he has been reading about include Youth Baseball program, Library Reading and Summer Program and Elevator Project which he has previously donated funds towards the elevator fund. A motion was made by Trustee M. Burcham and seconded by Trustee Rud to designate the \$500 donation towards Library Summer Reading program. A voice vote was taken with all members voting in favor. Motion carried.

Resolution 2022-04 – Wastewater Compliance Maintenance (CMAR) – A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve Resolution 2022-04 – Wastewater Compliance Maintenance Report (CMAR). A voice vote was taken with all members voting in favor. Motion carried.

Emergency Operations Plan update for 2022- pages 1-8 and 78-80 - Niggemann explained that pages 1-8 were contact updates and pages 78-80 include the Village established rates which generally get reviewed annually. A motion was made by Trustee M. Burcham and seconded by Trustee Jenson to approve the changes of the Emergency Operations Plan for 2022 along with modifying the additional spots that the Fire Chief may not have been updated. A voice vote was taken with all members voting in favor. Motion carried.

Ordinance 2022-02 – Consider Repeal & Replace Sec. 8-1-6 -Change five days to forty-eight hours- The Board discussion included changing the time-frame to complete the ordinance violation from five days to forty-eight hours and also change the length of grass from eight inches to six inches. A motion was made by Trustee Jenson and seconded by Trustee M. Burcham to repeal and replace Ordinance Sec. 8-1-6 to 48 hours to comply and the violation to occur at six inches rather than eight inches. Voting For: Trustees M. Burcham, Davis, Rud, Jenson, Prince and Albricht. Voting Against: none. Motion carried.

Campground Considerations/Electrical Diagram \$800-\$900/Perk Test \$500/Any Other items regarding the Campground – Prince, Jenson and Bates explained what is meant by the electrical diagram cost and the Perk Test cost. The Electrical Diagram would allow for a diagram and a materials list to allow all bidders the same information to be bid. The Perk test is required by the County. If the site perks, a conventional system would be required; if it does not perk a holding tank would be allowed. Gunnufson has agreed to provide a site map which will show the camp spaces and their dimensions. A motion was made by Davis and seconded by Trustee M. Burcham to grant up to \$1,000 to the Parks Committee towards the electrical and \$500 towards the perk test, Parks Funds which may include the grant funds received in 2021. Voting For: Trustees M. Burcham, Davis, Rud, Prince, Jenson and Albricht. Voting Against: none. Motion carried.

	A motion was made by Trustee M. Burcham se vote was taken with all members voting i	and seconded by Trustee Jenson to adjourn the meeting an favor. Meeting Adjourned.	it 8:03
		Jody Albricht, Village President	
Attest:	Lynn Niggemann Administrator-Clerk-Treasurer		

ACCT

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Accounting Checks

POOLED CHECKING ACCOUNT

Posted From: 6/06/2022

From Account:

Thru: 6/26/2022

Thru Account:

Check Nbr	Check Date	Payee	Amount
			250.00
RAM		RAM SOFTWARE	1,881.00
78124	6/15/2022		187.26
78125		ARAMARK UNIFORM SERVICE, INC	34.79
78126	6/15/2022		688.56
78127	6/15/2022	CARLTON DEWITT	839.25
78128	6/15/2022	CBS SQUARED, INC	250.00
78129	6/15/2022	CITY OF MENOMONIE INTERCEPT	19.30
78130	6/15/2022	COLLABORATIVE SUMMER LIBRARY PROGRAM	597.00
78131	6/15/2022	COMMERCIAL TESTING LAB	250.00
78132	6/15/2022	CRAMER CONSULTING, LLC	785.00
78133	6/15/2022	DON LOGSLETT	2,500.00
78134	6/15/2022	DONS SWEEPER SERVICE/DON LOGSLETT	75.00
78135	6/15/2022	DUNN CO HIGHWAY DEPT	78.65
78136	6/15/2022	DUNN COUNTY NEWS	92.00
78137	6/15/2022	DUNN ENERGY COOPERATIVE	
78138	6/15/2022	EBSCO INFORMATION SERVICES	170.78
78139	6/15/2022	FARRELL EQUIPMENT & SUPPLY CO.	274.00
78140	6/15/2022	FREEDOM FLAG & POLE	498.95
78141	6/15/2022	GEORGE ENTZMINGER	100.00
78142	6/15/2022	GOTO COMMUNICATIONS INC	70.69
78143	6/15/2022	HEALTH TRADITION HEALTH PLAN	12,239.35
78144	6/15/2022	HENRY SCHEIN	875.38
78145	6/15/2022	HUEBSCH LAUNDRY CO	116.82
78146	6/15/2022	HUMANA	461.60
78147	6/15/2022	HYDROCORP	470.00
78148	6/15/2022	IFLS LIBRARY SYSTEM	203.93
78149	6/15/2022	JAMES UTHE	300.00
78150	6/15/2022	KYLES MARKET	9.70
78151	6/15/2022	LEXIPOL LLC	1,696.87
78152	6/15/2022	MEDPRO MIDWEST GROUP	135.50
78153	6/15/2022	MID-AMERICAN RESEARCH CHEMICAL	168.10
78154	6/15/2022	MISSISSIPPI WELDERS SUPPLY CO.	22.68
78155	6/15/2022	MYERS SEPTIC SERVICE	198.10

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Page: ACCT

Accounting Checks

POOLED CHECKING ACCOUNT

Posted From: 6/06/2022

From Account:

Thru: 6/26/2022

Thru Account:

Check Nbr	Check Date	Payee	Amount
78156	6/15/2022	PITNEY BOWES INC	143.55
78157	6/15/2022	POSTMASTER OF COLFAX	214.00
78158	6/15/2022	RUSSEL TOYCEN-POST 131-AMERICAN LEGION	100.00
78159	6/15/2022	SCHILLING SUPPLY	310.96
78160	6/15/2022	SKID STEER GUY LLC	82,523.51
78161	6/15/2022	SYNERGY COOPERATIVE	2,925.66
78162	6/15/2022	VIKING DISPOSAL, INC	1,698.00
78163	6/15/2022	WATER CARE SERVICES	31.50
78164	6/15/2022	WELD RILEY SC	577.50
78165	6/15/2022	ZOLL MEDICAL CORP	275.00
78166	6/15/2022	RESERVE ACCOUNT	500.00
78167	6/17/2022	WI DEPT. OF FINANCIAL INSTITUTIONS	20.00
EFTPS	6/09/2022	EFTPS-FEDERAL-SS-MEDICARE	5,599.62
EFTPS	6/23/2022	EFTPS-FEDERAL-SS-MEDICARE	6,285.05
WIDOR	6/08/2022	WI DEPARTMENT OF REVENUE	833.52
WIDOR	6/23/2022	WI DEPARTMENT OF REVENUE	909.85
BREMER	6/13/2022	CARDMEMBER SERVICE	1,010.05
WIDCOMP	6/09/2022	WISCONSIN DEFERRED COMPENSATION	270.00
WIDCOMP	6/23/2022	WISCONSIN DEFERRED COMPENSATION	270.00
WEENERGIES	6/17/2022	WE ENERGIES	205.72
WEENERGIES	6/17/2022	WE ENERGIES	77.27
		Grand Total	131,321.02

6/24/2022

7:57 AM

Reprint Check Register - Quick Report - ALL

Page: ACCT

1

SOLID WASTE & RECYCLING RU

ALL Checks

Posted From:

6/13/2022

From Account:

Thru:

6/26/2022

Thru Account:

Check Nbr	Check Date	Payee		Amount
1136	6/15/2022	DUNN ENERGY COOPERATIVE		114.00
1137	6/15/2022	FIRST CHOICE		1,286.60
1138	6/15/2022	JOHNSON ROLL-OFF SERVICE, LLC		12,516.85
1139	6/15/2022	KYLES MARKET		31.95
			Grand Total	13,949.40

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: CF 425C TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 33, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715 905 7761 Email Address Rockwaytro & Hot Mat (. Con Current Address F 9057 Ctynel BB ColFc, wt 54730 5 YR5
(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) _____ Age <u>6 2</u>____ Date of Birth Place of Employment Dest 1 gaton POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 5th day of May, 20 22.

(Signature of Notary Public) (Commission Expires)

Date Received: 5-5-22 Date to the Board Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: CV 42.56
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20. 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.
Answer the following questions fully and completely: (PLEASE PRINT) NAME FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 75 309 9830 Email Address randagosh @ yako com
Telephone Number 75 309 98 30 Email Address randayosh (2 yakoo, come Current Address 8558 870 170 Colfy (Zip Code) (yrs. at address)
Previous Addre (City) (Zip Code)
Date of Birth Age _ 5 6
Place of Employment Heisia
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature)
TO THE CONTRACT DUNING COUNTY
STATE OF WISCONSIN/ DUNN COUNTY
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Signature of Applicant Applicant
Subscribed and sworn before me this 33 day of May 20 22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-23-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Numbe (715) 577-1737 Email Address Steven 35 (ecentry tel. net

Current Address N6957 950 ST. ELK Mow D WI 54739 22

(Street) (City) (Zip Code) (yrs. at address) Previous Address ___ (Zip Code) Age <u>60</u> Date of Birth C Place of Employment AMERICAN Legist Post 131, Colfax, WI POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Denv Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on path says that he/she is the person who signed the foregoing application for an operator's license: that an the statements made by Signature of Applicant Subscribed and sworn before me this 3rd day of May, 20 22.

Subscribed and sworn before me this 3rd day of May, 20 22.

(Signature of Notary Public) (Commission Expires)

Date Received: 5-3-33 Date to the Board: _____ Approved or Denied

Serving Alcohol

is proud to present this certificate to

Steven Stokke

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats. Verify online at servingalcohol.com

Verification Code

qcjNgmPSXn

Date Issued

May 3rd, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Steven Stokke

Certification Date: May 3rd, 2022

Certificate Code: qcjNgmPSXn

Verify Online: servingalcohol.com 125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Renewal License Fee: \$10.00 each application Receipt: _____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715 - 505 - 8355 Email Address Odgboy 5993 egmil. com Current Address 511 4 Ave Colfax wis 54730 (Street) (City) (Zip Code) Previous Add Date of Birth Place of Employment Legion POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. NON YARY ON NON THE MER THE ME Signature of Applicant Subscribed and sworn before me this ______ day of ______, 20 ______.

Date Received: 5423 Date to the Board: _____ Approved or Denied



LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Dale T Oebser

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date 05/03/2022

Expiration Date 55/02/2024

Certificate #

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. This certificate is non-transfereable and represents the successful completion of an approved

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License _____ New License ______ Renewal License Fee: \$10.00 each application Receipt: Oash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-651-5302 Email Address Eurog 65 a gmail.

Current Address 305 Main 5+ Colfax 54730 19475
(Street) (City) (Zip Code) (yrs. at address) Previous Addres (City) (Zip Code) Date of Birth Place of Employment Out House POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Oscillation 05/13
(Chief of Police or designated staff Signature) (Date STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license! that all the statements made by applicant are true. Subscribed and sworn before me this // day of May, 20 22.

Aule Fulmo 7-17-22

(Signature of Notary Public) (Commission Expires)

Date Received: 5-11-22 Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cach TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following guestions fully and completely: (PLEASE PRINT) NAME 59 Email Address daving brenden (2) Telephone Number 7/5-65/-50 Current Address Previous Addres (City) (Zip Code) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Date Received: 5-17-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Provisional License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME CHRIS BLLEN LUND
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-962,325/ Email Address ____ Current Address 517 5TO COLFAX 54730 (4 (Street) (City) (Zip Code) (yrs. at address) Previous Address SAM F P-5 (City) (Zip Code) Place of Employment FXPRESS MART POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Deny Chief of Police of designated staff Signature)

One of the police of designated staff Signature (Date) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 3 day of May, 20 22.

Shalk Run 7-17-22

(Signature of Notary Public) (Commission Expires)

Date Received: 5-17-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Y Renewal License Fee: \$10.00 each application Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-440-7095 Email Address <u>pegasus_kver_1964@yahoo.cum</u>

Current Address 118 Park Pr. Lot #230 Colfax WI 54730 3½yrs.

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Place of Employment <u>Express</u> Mart POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this 3rd day of May, 20 27.

Signature of Notary Public)

T-17-22

(Commission Expires)

Date Received: 5-17-22

Date to the Board: ______ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License \mathcal{L} Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash-TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{93}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-704-9142 Email Address Tuschly & Uahoo, Com Current Address N1005 730th St Whater Wi Sci (Street) (City) (Zip Code) Previous Addr (Zip Code) (City) Date of Birth Place of Employment <u>Express Mart</u> POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 5th day of May, 20 22

7-17-22

(Commission Expires) (Signature of Notary Public) Date Received: 5/1/23 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-931-7514 Email Address Matt_bailey_ivie@

Current Address <u>E5406</u> 1170th Ave Lot | Nheelev, WI 54772

(Street) (City) (Zip Code) (yrs. at address) Previous Address 523 Main St. Apt. #1 Colfax, W1 54730 (City) (Zip Code) Date of Birth POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve ____ Deny STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5-17.22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ____ Kenewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME TIMOTHY PATRICK KETTNER

FIRST NAME MIDDLE NAME LAST NAME Telephone Number(715) 440 - 7096 Email Address _____ Current Address // 8 PARK DR Colfax 54730 31/2
(Street) (City) (Zip Code) (yrs. at address) Previous Address POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Directhy & Kettner

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-91-2-4439 Email Address Jackiek Chilk (62 & 49h00.00)

Current Address E9715 State Road 40. (Vifey 54730 10 475

(Street) (City) (Zip Code) (yrs. at address) Previous Address N7689 8084 St Colfey 54730
(City) (Zip Code) Date of Birth Place of Employment Express Mart POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny _____(Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 6th day of May, 20 22.

Subscribed and sworn before me this 6th day of May, 20 22.

Subscribed and sworn before me this 6th day of May, 20 22.

(Signature of Notary Public) (Commission Expires)

Date Received: 5-112022 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{23}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number **Email Address** Current Address Previous Addr (Zip Code) Date of Birth POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that helshe is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. HIMER MER Subscribed and sworn before me this <u>33</u> day of <u>May</u>, 20 <u>23</u>

(Signature of Notacy Public)

(Commission Expl Date Received: 5-23-22 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_{-23} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Current Address 807 E Railroad Ave Co Hax, WI 54730 8 (Street) (City) (Zip Code) (yrs. at address) Previous Addre (Zip Code) (City) Date of Birth Place of Employment Mayo Clinic POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 3 day of May 20 22

Signature of Notary Public)

| Commission Expire Date Received: 5-3323 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Receipt: CK 105441 YCC TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-308-9409 Email Address <u>eee Mia 0422@yahoo.com</u>

Current Address <u>809 River view Ave.</u> Colfax 54730 Byears

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment Kyles Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve ____ Deny STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Climes Seuse Signature of Applicant Signature of Signature of Signature of Signature of Signature of Notary Public)

Signature of Notary Public)

Signature of Notary Public)

Date Received: 5-27-22 Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311



TRAINING" LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Aimee Fruit

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date 04/22/2022





Certificate # WI-00601049

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.68(2m), Wis. Stats. This certificate is non-transfereable and represents the successful completion of an approved

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ___X_ Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20<u>23</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Steven Dewayne Longolo
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-933-2480 Email Address Current Address N8476 745th St Colfex UI 5473C 2
(Street) (City) (Zip Code) (yrs. at address) Previous Addr (Zip Code) Age 32 Date of Birth Place of Employment Out house POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. (Chief of Police or designated staff Signature) (Date) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 35 day of May 20 22.

Signature of Notary Public)

| Commission Expires |

Date Received: 5.35.22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____New License _____ Renewal License Fee: \$10.00 each application Receipt: pd \$10 CaSh Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 715-308-6227 Email Address Miroche 78@91 Previous Address (Zip Code) Date of Birth Place of Employment Surhouse POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this <u>26th</u> day of <u>May</u>, 20 <u>22</u>.

<u>Hypn M. Mageman</u> <u>05-67-2023</u>

(Signature of Notation Public) (Commission Expires)

Date Received: 5-26-22 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License K Renewal License Fee: \$10.00 each application Provisional License Receipt: pd \$10 ca TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-308-7900 Email Address roakdeziray @ gmail. Com Current Address 5312 Burne II Dr Gaw Claire 54703 (Street) (City) (Zip Code) (yrs. at address) Previous Address ELQQQ 830th Ave Colfee S4730 (City) (Zip Code) Date of Birth Place of Employment Outhouse POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 25th day of han, 20 22.

Subscribed and sworn before me this 25th day of han, 20 22.

(Signature of Notal Public) (Commission Expires)

Date Received: 05 23 202 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ____ X __ Renewal License Fee: \$10.00 each application Receipt: CK (0544) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_{-}^{2} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Nana Kay Taylon

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 75- 933-0926 Email Address Nanay 85 50 hot mail active

Current Address F9470 1130th Aug Collag WT 54730 33

(Street) (City) (Zip Oóde) (yrs. at address)

Previous Address

S4757 POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 26^{77} day of 202 - 202 - 202 (Commission Expires

Date Received: 527-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application ____ New License _____ Renewal License Provisional License Receipt: CK 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 22, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-505-1388 Email Address Camocountry 20 Current Address 400 Main 5+ Colfax 54730 12 yrs (Street) (City) (Zip Code) (yrs. at address) Previous Address No. 193 470 5+ Lot 102 Menomonie 5475

(City) (Zip Code)

Age 35 Place of Employment War Kut, POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 26 Th day of Suy, 20 22

July 20
(Commission Expire) (Signature of Notary Public)

Date Received: 527 22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: CK 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_{20} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 715 556-2062 Email Address Kyle Krust Hishing S Current Address 1082 Previous Addres (City) (Zip Code) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police of designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 35 day of May, 20 3

NIIMANA Brokka U2013

(Commission E

Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ____ Kenewal License Fee: \$10.00 each application Receipt: CL 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_{-} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME SEFFREY LATRY RENE Telephone Number 715-308-4881 Email Address Manatusch @ yahoo. Com
 Current Address
 30 2 4th Ave
 Colfat
 54730
 17

 (Street)
 (City)
 (Zip Code)
 (yrs. at address)
 Previous Addres Place of Employment Kyle's Market

Age 51

Place of Employment Kyle's Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Deny Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 527.22 Date to the Board: _____ Approved or Denied

(Signature of Notary Public)

Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License ^V Renewal License Fee: \$10.00 each application Provisional License Receipt: CK 10544) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, $\frac{32}{2}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations. Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME NICOLE

FIRST NAME

MIDDLE NAME

LAST NAME

Telephone Number (715) 933-7647 Email Address NICOLE action 2003 action of the control of th Current Address 18 park Dr Hrlr Colfax
(Street) City) Previous Add (City) Date of Birth Place of Employment KYR'S Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made signed the foregoing application for an operator's license: that all the statements made by application for an operator's license. Subscribed and sworn before me this 19 day of May, 20 22

> Angelita M. Cassellius Natary Public - State of Wisconsin My Commission Expires January 20, 2025

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License New License X Renewal License Receipt: (12.10544) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 32, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 75-505-0353 Email Address JM LISCH & GY C GMAIL 10 m Current Address 118 PArk Dr. Collay Wt 54730 5
(Street) (City) (Zip Code) (vrs. at address) Previous Addre (Zip Code) Place of Employment __Kyless MArlet POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and the says the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says that he/she is the person who made and the says the sa signed the foregoing application for an operator's license: that all the statements made by applicant acoffact Subscribed and sworn before me this 19 day of May , 20 25 ...

Subscribed and sworn before me this 19 day of May , 20 25 ...

(Signature of Notary Public) (Commission Expires) (Signature of Notary Public) Angelita M. Cassellius

Notary Public - State of Wisconsin My Commission Expires January 20, 2025

Date Received: 527.33 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ___X Renewal License Fee: \$10.00 each application Receipt: Ck 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \frac{\lambda 3}{2}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Jaiene Jue Hmick
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715 699 0419 Email Address _____ Current Address 5021/2 Cedar St Colfax Wt 54730 4t years (Street) (City) (Zip Code) (yrs. at address) Previous Address 409 E. River 5t. Colfax WI 54730
(City) (Zip Code)

POLICE DEPT APPLICABLE OFFENSE CRITERIA

Date of Birth

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Place of Employment Kyle's market

Approve Deny Recommendation (Chief of Police or designated staff Signature)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this 2077 day of all, MUNICOLO (Signature of Notary Public) (Commission xpires) Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Kenewal License Provisional License Fee: \$10.00 each application Receipt: CK 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>23</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-308-0695 Email Address Soccergo 39 @ Hotneil.com Current Address 100 Viking Pr. Colfex Wi 54730 34

(Street) (City) (Zip Code) (yrs. at address) Previous Address Date of Birth Place of Employment <u>Kyle's Market</u> POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 23rd day of May, 2022

(Signature of Notary Public)

And Garage Subscribed and sworn before me this 23rd day of May, 2022

(Commission Expires

Date Received: 5 27.22 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: CK 105441 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following guestions fully and completely: (PLEASE PRINT) Telephone Number 15-505-450| Email Address May Myzu (a) & gmail, com

Current Address 308 | th S| Menomorie 5455| (City) (Zip Code) (yrs. at address) Current Address 308 1 th St. Menanonie 54751
(Street) (City) (Zip Code) Previous Addres (City) Date of Birth Place of Employment Kyle's Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 20 day of May, 20 26

(Signature of Notary Public)

Subscribed and sworn before me this 20 day of May, 20 26

(Commission Exp

Date Received: 52722 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: Coole TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number <u>7/5 - 704 - 0</u> 707 Email Address TU Previous Address 704 Amb Age Date of Birth Place of Employment (Uuthou POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Denv Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true. Subscribed and sworn before me this <u>If</u> day of <u>Imay</u>, 20 <u>27</u> (Signature of Notary Public)

Date Received: 5-26-22 Date to the Board: _____ Approved or Denied

	PO Box 417 - Coltax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221
Application for License to Serve Fermente	ed Malt Beverages and Intoxicating Liquors
Provisional License New License	Renewal License Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WIS	
Fermented Malt Beverages and Intoxicating Liquors, su and 125.68(2) of the Wisconsin Statutes and all acts ar	nendatory thereof and supplementary thereto, and ances and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (F	47
NAME FIRST NAME MIDDLE NAME	n Koehler ME LAST NAME
Telephone Number <u>715-714-4233</u> Em	
Current Address N 7 001 Lo 9 of h 8 (City)	+ Menamonie, WI. 54751 By. (Zip Code) / (yrs. at address)
Previous Address	Artic
	(City) (Zip Code)
Date of Birth	Age <u>43</u>
Place of Employment <u>Synergy</u> 15	sbway
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of substantially relate to the license applied for. Thos Colfax in determining whether a license will be grar Police Department if your application is recommend. Recommendation Approve Der	nted. You will be notified by the Village of Colfax ded for denial to the Village Board.
	(Chief of Police or designated staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUNTY	=
The above named applicant, being first duly sworn on on signed the foregoing application for an operator's licens	e: that all the statements made by applicant are true.
X_	Signature of Applicant
Subscribed and sworn before me this day of	

Date Received: 5-3/-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License _____ Renewal License Fee: \$10.00 each application Receipt: ash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{25}{2}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-651-3380 Email Address ____ Current Address N8519 County of M. Colfax 54730 31
(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) Age <u>59</u> Date of Birth Place of Employment Synergy Conperative POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Suganue M. Hagen

Subscribed and sworn before me this 19th day of May, 20 27

Signature of Applicant

Signature of Applicant

ARY

(Signature of Notany Public)

Date Received: 5-19. 2021

Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Renewal License Fee: \$10.00 each application Receipt: Cosh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{23}{100}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 7151226-5819 Email Address O How Hinkso & Gmail.com

Current Address 619 17th Ave Bloomer 54724 2

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) Place of Employment Synergy Cooperative POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cesh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 75-704-9367 Email Address brown. Keyle 83-9 gracil. Com

Current Address (Street) (City) (Zip Code) (yrs. at address) Previous Address ESHE Som Are Date of Birth Place of Employment _ >yrecon Commonity Cooperative POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 23rd day of May, 20 32.

Synn M. Diggenan 05-07-2023

(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ___ X Renewal License Fee: \$10.00 each application Receipt: ____ Cesta___ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_22, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Joshua Christopher Larson

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0546 Email Address Crazy2 create 1924@ Outlook.com

Current Address E8538 State Road 170 Colfax WI 54730

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) Date of Birth Place of Employment __ Cenex POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police of designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this <u>33</u> day of <u>May</u>, 20 <u>23</u>

Signature of Notary Public)

Subscribed and sworn before me this <u>33</u> day of <u>May</u>, 20 <u>23</u>

(Commission Expires)

Date Received: <u>5-31-22</u> Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_{-23} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Hoby Lane Democ
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-5003 Email Address aboydemee 13@ginail.com Current Address N7HOI Statt Road HO COLFAX 5H730
(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 33 day of May, 20 22.

Auch Fundamental (Commission Expires)

Date Received: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: _____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_23_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME NOAN James Heidorn
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-651-5213 Email Address noahjheidorn @gmail.com

Current Address N8287 948th St (olfax 54730 12 (Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment Synergy (osperative POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Chief of Police or designated staff Signature)

Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. x Now Heidarm Subscribed and sworn before me this 20th day of May, 2022.

Subscribed and sworn before me this 20th day of May, 2022.

(Signature of Notary Public) (Commission Expires)

Date Received: 5-20-22 Date to the Board: _____ Approved or Denied

			Fax 715-962-2221			
Application for License to Ser	ve Fermented Ma	It Beverages an	d Intoxicating Liquors			
Provisional License New	License K Re		Fee: \$10.00 each application			
TO THE BOARD OF THE VILLAGE OF	COLFAX, WISCONS		Accoupt.			
I, hereby apply for a license to serve, from Fermented Malt Beverages and Intoxical and 125.68(2) of the Wisconsin Statutes hereby agree to comply with all laws rest the sale of such beverages and liquors in	ting Liquors, subject t and all acts amendat olutions, ordinances a	o the limitations imp ory thereof and sup _l ind regulations, Fed	osed by Section 125.32(2) olementary thereto, and			
Answer the following questions fully and	completely: (PLEAS	E PRINT)				
NAME Hanne 10000000	Marie MIDDLE NAME	-	LAST NAME			
Telephone Number 715-556-7	Email Ad	dress <u>hannah</u>	demoe@gmail.com			
Current Address 7714 Borosey (Street)		2/5/2	× 1			
Previous Address 17401 St. R	d.210 Colfa	x Wisconsin	54730 (Zip Code)			
Date of Birth _		Age 24				
Place of Employment	Sprengy	bas S	tation.			
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny						
		(Chief of Police or designation	ated staff Signature) (Date)			
STATE OF WISCONSIN/ DUNN COUN	тү					
The above named applicant, being first of signed the foregoing application for an o			made by applicant are true.			
Subscribed and sworn before me this		7-17-22 Commission Expires)	NOTA NOTA WISCONS			
Date Received: 5-31-22 Date to t	he Board:	Approved or Denie	ed STATE OF THE OF			

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License New License Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.
Answer the following questions fully and completely: (PLEASE PRINT)
NAME JOURNING OLIVIO BEST FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715 704 1015 Email Address jazyhast 0115 Dogmail . com
Telephone Number 715 704 1015 Email Address Saxyhast 0115 Degmail Com Current Address F746 Campy Rd S Colfax 54730 18 (Street) (City) (Zip Code) (yrs. at address)
Previous Address (City) (Zip Code)
Date of Birth Age
Place of Employment Synergy Convenience Stere
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.
Recommendation Deny Chief of Police or designated staff Signature)
STATE OF WISCONSIN/ DUNN COUNTY
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.
X Signature of Applicant RY
Subscribed and sworn before me this 3 day of ynay, 20 22.
(Signature of Notary Public) (Commission Expires)
Date Received: 5-31-22 Date to the Board: Approved or Denied

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors _ ['] ≺ Renewal License Fee: \$10.00 each application Provisional License New License Receipt: Crobe ____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20^{-3} , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-828-2348 Email Address mojo jensen leg mail. Cam Current Address 2675 82nd Ave. Colfex 54730
(Street) (City) (Zip Code) Previous Address (City) (Zip Code) Date of Birth Place of Employment Synergy Cooperative POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 3 day of May, 20 22

Date Received: 531.22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X. Renewal License Fee: \$10.00 each application Provisional License Receipt: \$16 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address (yrs. at address) Previous Address Date of Birth Place of Employment Dynergy (Down POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied

Hynn M. Magelman 05-07-2023
(Signature of Mary Public) (Commission Expires)

Subscribed and sworn before me this ______ day of ______ 20 ____

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors _ 🔏 __ Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CK 5274 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME VICKI LYON Christenson
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 15-104-0939 Email Address VC9275 @ yahoo. com

Current Address <u>E8620 N CtyRd E FIRMond SY339</u>

(Street) (City) (Zip Code) (yrs. at address) Previous Addr Date of Birth Place of Employment Moms Restaurant + Pub POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police of designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that, all the statements made by applicant are true.

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License Provisional License Receipt: CK 52/14 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address Schoffler. Leaha yahoo. Com Telephone Number 215-70 Current Address Previous Address (City) (Zip Code) Date of Birth Place of Employment <u>mom's</u> Kestourant POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's licensa: that, all the statements made by applicant are true. Signature of Applicant Subscribed and sworn before me this _____ day of _____, 20 ____

Date Received: 4-1-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ____ Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME JUSSEY Ina Pederson
ERST NAME MIDDLE NAME LAST NAME Telephone Number (715) 505-2381 Email Address /yndseyina@ymail.com

Current Address 507 West Colfax 54730 45 years

(Street) (City) (Zip Code) (yrs. at address) (City) (Zip Code) Previous Address Date of Birth Place of Employment a Little Slice of Italy POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature) Objects STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 4-6-22 Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: CK 4584 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I. hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{3}{2}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Trevor Patrick Schindler

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-5885 Email Address Current Address NIO14 Cty Rd W Colfax 54730
(Street) (City) (Zip Code) (yrs. at address) Previous Addi (City) (Zip Code) Date of Birth Place of Employment Viking Boul POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny ______ Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 6 day of June, 20 22

Mule Pulm

(Signature of Notary Public) (Commission Expires) (Signature of Notary Public)

Date Received: 4-6-22 Date to the Board: _____ Approved or Denied.

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ____ New License ____ Renewal License Fee: \$10.00 each application Receipt: ____Cドルらも中 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME J9 K06 M9600 M00/E FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-505-6951 Email Address MOOSE, J9K062002 D Yahoo, Com Current Address Sooth 5+ Colfax 54730 20

(Street) (City) (Zip Code) (yrs. at address)

Previous Address Same Same (City) (Zip Code) POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny _____(Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 6-6-32 Date to the Board: _____ Approved or Denied

					Fax	(715-962-2221
Application fo	or License to	Serve Ferm	ented M	lalt Beverages	and Intoxicating	Liquors
Provisional Lic	censef	New License	<u>X</u> F	Renewal License	Fee: \$10.00 eacl	
TO THE BOARD O	OF THE VILLAGE	OF COLFAX	, w iscoi	NSIN:	Neceipi.	K 1301
Fermented Malt Be and 125.68(2) of the	everages and Into ne Wisconsin Stat mply with all laws	exicating Liquor outes and all ac oresolutions, o	rs, subjec ts amend rdinances	t to the limitations atory thereof and and regulations,	nclusive (unless soor imposed by Section supplementary there Federal, State or Loo	125.32(2) to, and
Answer the following	ng questions fully	and completel	y: (PLEA	SE PRINT)		
NAME KAULO	T NAME	Agn	es E NAME		Jenson LAST NAME	
		5414_	Email A	ddress <u>Kayla</u>	zijenson11@g	mai).com
Current Address_	EU712 Street)	ate Rd 1	10	<u>Colfax, Wi</u> (Zip Code)	SH730 (yrs. at address	5)
Previous Address	7.11 Dark	drive	(0)F	City)	54730 (Zip Code)	
Date of Birth				Age 25	<u> </u>	
Place of Employm	ent <u>Viking</u>	ROM				
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny						
				(Chief of Police or de	esignated staff Signature)	(Date)
STATE OF WISCO	NSIN/ DUNN CC	DUNTY				
					Applicant Applicant	
Subscribed and sw	orn before me thi	_	ay of <u>G</u>	7-17-6 (Commission Expire	NOVA	WISCON.
Date Received:	<i>2-6-</i> 2∂ Date	to the Board:		Approved or D	Denied STA	TE

(Signature of Notary Public)

Date Received: 6 6 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CK 4584 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{23}{2}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address +ammisal Telephone Number Current Address † (yrs. at address) **Previous Address** (Zip Code) (City) Date of Birth Place of Employment VIKING BOWL POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. (Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this _____ day of ______, 2022

(Commission Expires

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License - Renewal License Fee: \$10.00 each application Provisional License Receipt: CK 4584 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-704-1704 Email Address albrichtkatic@gmail.com Current Address Fig. 833rd Ave Col-fax W1 54730 (Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (Zip Code) ___ Age <u>2</u>| Date of Birth Place of Employment Viking Bowl & Lounge. POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 6 day of June, 20 22.

Date Received: 6-6-22 Date to the Board: _____ Approved or Denied





CERTIFICATE OF COMPLETION

This certifies that

Kaitlyn Papineau

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

05/12/2022 Completion Date

Expiration Date 05/11/2024

Certificate # WI-00601776

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. This certificate is non-transfereable and represents the successful completion of an approved

\$100 Para on the Lake, S. Ita 205 | Austin TK18745 | 877,881,2235 | www.\$50train incom

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CK 1342 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME 5 Email Address Deterride 366 agn Telephone Number Previous Address Date of Birth Place of Employment _ POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve (Chief of Police or resignated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Signature of Applicant

Date Received: 5-10-22 Date to the Board: _____ Approved or Denied

STATE OF WISCONSIN/ DUNN COUNTY

Provisional License

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Receipt: Ck 1342 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT)

NAME Andrew Lee Hodenson FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-308-1576 Email Address anderson and 10 live com Current Address 27.15 Folsom Stapt 27.5 EauClaire 54703 WT 1 (Street) (City) (Zip Code) (yrs. at address) Previous Address 28.19 3MSt FauClaire WT 54703 (City) (Zip Code) Date of Birth Place of Employment The 151 ind Tiger POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this 10 day of May, 20 22

(Signature of Notary Public) day of May, 20 22

(Commission Expires)

Date Received: 5-10-22 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License X Renewal License Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 3, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.
Answer the following questions fully and completely: (PLEASE PRINT)
NAME Kara Lynn Buchner FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-962-3747 Email Address Karabuchner0933@yaho
Current Address 509 FairView Dr. Colfax W1 54730 15 (Street) (City) (Zip Code) (yrs. at address)
(Street) (City) (Zip Code) (yrs. at address)
Previous Address (City) (Zip Code)
44
Date of Birth Age Age
Place of Employment Kyle's Market
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Chief of Police or designated staff Signature)
STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and
signed the foregoing application for an operator's license: that all the statements made by applicant are true.
X JA M. Buchnet Signature of Applicant Signature of Applicant
Subscribed and sworn before me this 2nd day of June, 20 22.
(Signature of Notary Public) (Commission Expires)
Date Received: 6-7-22 Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 320-761-9699 Email Address Kathya Faber @ grail.com

Current Address N9544 640th St. Coltax WT 54730 8 455

(Street) (City) (Zip Code) (yrs. at address)

Previous Address 17177 State Hwy 24 NW Clearwater MV 55320

(City) (Zip Code) Date of Birth Place of Employment <u>Retired</u> POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and Subscribed and sworn before me this day of Applicant

Signature of Notary Public)

Signature of Notary Public

Approved or Denied signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 6-8-22 Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10,00 each application Receipt: /64/ New License K Renewal License Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 507-951-7243 Email Address <u>Fiffanyp-020 Nthoul. CM</u>

Current Address <u>W3 W0 son</u> Pd Cliffy 54730 4

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) (City) Date of Birth Place of Employment <u>DWN</u> County POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 8 day of June, 20 22.

Subscribed and sworn before me this 8 day of June, 20 22.

(Signature of Notary Public) (Commission Expires)

Date Received: <u>68-32</u> Date to the Board: Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License New License Fee: \$10.00 each application Provisional License Receipt: CKICHI TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>33</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address Thriggs 241@ gmu Telephone Number <u>715-894-0454</u> Current Address N8076 577# St. Colfax, WI 54730 2 (Street) (City) (Zip Code) (yrs. at address) 502 Pine St. Previous Address Date of Birth Place of Employment Elk Mound POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: <u>6-8-22</u> Date to the Board: Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License Receipt: CK (Ce4) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Email Address halley-prince 106@gmail.com Telephone Number (115) 577-4219 Current Address 1004 University Ave Colfax 54130 (Street) (City) (Zip Code) Previous Address (Zip Code) (City) Age 21 Date of Birth Place of Employment _ Student POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 8 day of June, 20 22

(Signature of Notary Public) Tune, 20 22

(Commission Expires)

Date Received: 6-8-22 Date to the Board: Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CK /342 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{23}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Elizabeth Bailey
FIRST NAME MIDDLE NAME Telephone Number 715-704-9170 Email Address elizabethaffolter@gmail.com Current Address E7520 770th Au Colfax WI 54730 18 (Street) (City) (Zip Code) (yrs. at address) Previous Address (City) Age Date of Birth Place of Employment ___ POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. (Chief of Police of designated staff Signature) (Date) Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Signature of Applicant Subscribed and sworn before me this 8 day of June, 20 22

Subscribed and sworn before me this 8 day of June, 20 22

(Commission Expires

Date Received: 6 8 22 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cosh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME / HOMAS JUNBAR LAST NAME Telephone Number 215) 962-4128 Email Address <u>Anamoral 45 /g Cychoo. com</u>

Current Address <u>502 EVERGRSEN 55. Confax, WI 54730</u> 56 yrs.

(Street) (City) (Zip Code) (yrs. at address) Previous Address 607 MAINSS COLFAX WI 54730 5 YRS
(City) (Zip Code) Date of Birth Place of Employment KŁT, RĚソ POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made of applicant are true. Signature of Applicant Subscribed and sworn before me this 13 day of June, 20 22.

Shule Rum

(Signature of Notary Public)

(Commission Expires) Date Received: 6-13-22 Date to the Board: Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License _____ Renewal License Fee: \$10.00 each application Receipt: pd__cash____ Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME JEFFREY William Prince
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-347/ Email Address jeffprince 870 gmail. com Current Address 1004 University Ave Colfax WI 54730 23 yrs
(Street) (City) (Zip Code) (yrs, at address) Previous Address (City) (Zip Code) _____Age _______ Date of Birth Place of Employment Self employed POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 13th day of June, 2022.

Subscribed and sworn before me this 13th day of June, 2022.

Subscribed and sworn before me this 13th day of June, 2022.

(Signature of Notary Public) 05-07-2023

(Commission Expires)

Date Received: 06/13/2022 Date to the Board: _____ Approved or Denied

Renewal Alcohol E	3everage Li	cense App	lication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk. Re	ead instructions	on page 3.)		456 0000 1655 FEIN Number	I
			1-12-1 2022	39 /34 7840	0
For the license period beginnin	ig: 07/6//20	22 ending: 00	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	A 10		Class A beer	\$
To the Governing Body of the:	Village of }	CoHax		Class B beer	\$ 100.00
	City of			Class C wine	\$
County of Dunn		Aldermani	c Dist. No	Class A liquor	\$
County of Oct 177		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
		(// /	,	Class B liquor	\$ 400.00
Check one: 📃 Individual	Limited Liabilit			Reserve Class B liquor	\$
Partnership	Corporation/N	onprofit Organizat	tion	Class B (wine only) winery	\$
				Publication fee	\$ 22.50
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
Nelson,	Mark	A	30749 130	St. New Auburn,	WI 54757
Full Name (Last)	Mark (First) Lisa	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Johnson	Lisa	丁 エ	501 West	St. Colfax WI 5	4730
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
B. LLC or Corporation (and a	Agent):			Limited Liebilia Company (if different fr	om licenced promises)
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ted Liability Company	Address of Corporation /	Limited Liability Company (if different if	om neeriaed premides/
					11 2 4 2 42
All corporations/organizations	or limited liability of	companies applyin	ig for a license to s	ell fermented malt beverages	and/or intoxicating
iquor must appoint an agent.			1	City - Deat Office & Zin Codo)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	Corporation and N	Nembers / Manag	ers of Limited Lia	bility Company:	
President / Member Last Name	(First)	(Middle Name)		L City or Post Office, & Zip Code)	
Nelson	mark	A	30749 13	643 St New Auburn.	WE 54757
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Johnson	Lisa	J	501 Wes	5+ St. Olfab WI	54730
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	I, City or Post Office, & Zip Code)	
	5				
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Encotors / Managero Edet / Emile	()	,			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Directors / Warragers Last Warrie	(i ii di)	(whole Hame)		<u> </u>	
C. Business Information				ET	
	Jhouse B		Ducinasa Dh	one Number	2_3339
1. Trade NameOL					
2. Address of Premises	413 ma	in St.	Post Office &	Zip Code P.O.Box	81 5473
and brewpubs?	15 156				
Premises description: De include all rooms including records. (Alcohol beverage)	a living guarters, it	f used, for the sale	es, service, consun	nption, and/or storage of alcol	he applicant mus nol beverages and
Ground +10	or, stora	-SI 1200m	, CLECK OY	n South Side.	
		Service			

5.	Legal description (omit if street address is given on previous page).		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	Yes	No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	Yes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	≥ Yes	□No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	☑ Yes	□No
11,	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	₽ No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	PNO
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name dication; that the applicant has read and made a complete answer to each question, and that the answers in each dicorrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsind, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	ed in the form instance statutes in connection	regoing are true shall be tion with
Cor	ntact Person's Name (Last, First, M.I.) Lisa J. Johnson Partner OS-09	- 707	7
Sig	nature Phone Number Email Address		
	91001 Johnson 715-942-2829 lisasmoso	gmail	i . Com
то	BE COMPLETED BY CLERK		
	e received and filed with municipal clerk Date reported to council / board Date license granted		
_	ense number issued Date license issued Signature of Clerk / Deputy Clerk		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

[(Fuel)		(middle ne	amo)
Individual's Full Name (please print) (last name)		,		(middle name)	
Johnson		Ji'Sa		7	
Home Address (street/route)	Post Office	City	•	State	Zip Code
501 West St.		Col	fay	WF	54730
Home Phone Number		Age		Place of B	
715-942-2829	1	4H		Eaul	laire WI
The above named individual provides the	following information a	is a person who	S (check one):		
Applying for an alcohol beverage lice	nse as an individual .				
A member of a partnership which is	making application for	an alcohol bever	age license.		
	of				
(Officer / Director / Member / Manager / A	gent)	(Name of Corpo	oration, Limited Liability Company	or Nonprofit	t Organization)
which is making application for an alc	ohol beverage license	•			
The above named individual provides the	following information to	o the licensing at	uthority:		
1. How long have you continuously resid	ed in Wisconsin prior t	o this date?	43 years		
2. Have you ever been convicted of any	offenses (other than tra	affic unrelated to	alcohol beverages) for		
violation of any federal laws, any Wisc	onsin laws, any laws o	of any other state	s or ordinances of any o	county	
or municipality?					☐ Yes ☐ No
If yes, give law or ordinance violated, t			·	ion and	
status of charges pending. (If more roo	m is needed, continue on	reverse side of thi	s form.)		
3. Are charges for any offenses presently	pending against you	other than traffic	unrelated to alcohol be	verages	
for violation of any federal laws, any W					
municipality?					Yes 🗘 No
If yes, describe status of charges pend					
4. Do you hold, are you making application					
organization or member/manager/age					
beverage license or permit?					Yes No
If yes, identify.	(Nam	ne, Location and Type of	License/Permit)		
5. Do you hold and/or are you an officer,	·	• •	·	ration or	
member/manager/agent of a limited lia		-			
brewery/winery permit or wholesale liq					Yes No
If yes, identify.					
(Name of Wholesale Licensee or Permittee) (Add					County)
6. Named individual must list in chronolo		ployers.			
	Employer's Address		Employed From		To
Outhouse	413 main St		9009		Present 2002
	Employer's Address		Employed From		To 2442
Wal mant	Menomoni.	و	9000		3003

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Inc	dividual's Full Name (please print) (last name	?)	(first nam	e)		(middle na	ame)	
	Nels	ion .	Ma	rk		A		
Н	ome Address (street/route)	Post Office		City		State	Zip Code	
	36749 1367	<u>-</u> S.		New Aut	sum	WI	54757	
Но	ome Phone Number		Age	Date of Birth		Place of B	Birth	
	715-967-2425		65			Earl	laire WI	
Th	e above named individual provides the	e following information	as a r					
	Applying for an alcohol beverage lic	ense as an <mark>individual</mark>						
V	A member of a partnership which is	s making application fo	r an alco	hol beverage licens	se.			
]	of						
	(Officer / Director / Member / Manager /	Agent)	(/\	lame of Corporation, Limite	d Liability Company	y or Nonprofi	t Organization)	
	which is making application for an a	Icohol beverage licens	e.					
Th	e above named individual provides the	e following information	to the lic	ensing authority:				
	How long have you continuously resi				years			
	Have you ever been convicted of any							
۷.	violation of any federal laws, any Wis					county		
	or municipality?						Yes 🕒	₽No
	If yes, give law or ordinance violated,						ve 50	
	status of charges pending. (If more ro	oom is needed, continue o	on reverse	side of this form.)				
	-							
3.	Are charges for any offenses present)	
	for violation of any federal laws, any						Yes (J-N0
	municipality?					24 F363C907C4		3110
1	Do you hold, are you making applica	tion for or are you an o	ifficer dir	rector or agent of a	corporation/n	onprofit		
4.	organization or member/manager/ag						I	
	beverage license or permit?							No
	If yes, identify.						-5 1000	
	· · · · · · · · · · · · · · · · · · ·			n and Type of License/Perr				
5.	Do you hold and/or are you an officer						Г	
	member/manager/agent of a limited l							
	brewery/winery permit or wholesale l	iquor, manufacturer or	rectifier	permit in the State	of Wisconsin's	' <i></i>	Yes	4 No
	If yes, identify.							
_	•	Vholesale Licensee or Permittee			(Address	By City and	County)	
6.	Named individual must list in chronol		mpioyers		Employed From		То	
	' '	Employer's Address		a 1		2	Present	
	Self Employer's Name		Neu	o Auburn WI	I-I-79	<u> </u>	TO TO SELL	
	Employer's Name	Employer's Address			Employed Fibili			
		I			1		1	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark and Marked individuals

Renewal Alcohol E	_		lication	Applicant's Wisconsin Seller's Perr 456 102899	πit Number 123602
(Submit to municipal clerk. Re			/ / 5 - 1	FEIN Number 47467236	
For the license period beginning	ng: 07/01/20:	32 ending: 00	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of ¬	1 15		Class A beer	\$
To the Governing Body of the:	₩illage of }	Colfax		Class B beer	\$ 100.00
, , , , , , , , , , , , , , , , , , ,	City of			Class C wine	\$
	Marit			Class A liquor	\$
County of Dunn			c Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii required	by ordinance)	Class B liquor	\$ 400.00
Check one: Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
Partnership	Corporation/No		tion	Class B (wine only) winery	\$
rattlership	corporation/rec	mpront organiza		Publication fee	\$ 22.50
Complete A or B. All must o	omplete C.			TOTAL FEE	\$543.50
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None	rofit Organization / Limite	ed Liability Company	Address of Corporation / L	imited Liability Company (if different fro	om licensed premises)
Young Active	_		May Slotten	St. Colfax WI.	54730
All corporations/organizations	or limited liability of	ompanies applyin	g for a license to se	II leffilented mait beverages a	ilid/or ilitoxicating
liquor must appoint an agent. Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Young	Alicia	1	706 Sla 14	en St. Co Kap WI	54730
	-				
All Officer(s) Director(s) of C			ers of Limited Liab	olity Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	-11-7
young	Alicia	m	706 Slette	nSt. Colfax WI	54 130
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Hame Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Hame Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
		<u> </u>			
C. Business Information					
1. Trade Name Vikir	of Pourl 4	-OUNCE	Business Pho	one Number 715-962 -	. 3252
2. Address of Premises				Zip Code Colfay 50	
•					
3. Does the applicant unders and brewpubs?				Yes	
Premises description: De include all rooms including records. (Alcohol beverage)	g living guarters, if	used, for the sale	es, service, consum	ption, and/or storage of alcoh	ne applicant mus of beverages and
Lounge 2 d	nine area	, Partu	room, al	leys	
- 0.4	1-0-1				

Legal description (omit if street address is given on pre	evious page):		
6. a. Since filing of the last application, has the named member, officer, director, manager or agent for eit organization licensee been convicted of any offe for violation of any federal laws, any Wisconsin law or municipality? If yes, complete page 3	ther a limited liability company licensee, or enses (excluding traffic offenses not relate ws, any laws of other states, or ordinances	nonprofit d to alcohol) of any county	™ No
 b. Are charges for any offenses presently pending the named licensee or any other persons affiliated 	(excluding traffic offenses not related to alc with this license? If yes, explain fully on	ohol) against page 3 Yes	₽No
	y changes in the answers to the questions	Yes	₽No
3. Was the profit or loss from the sale of alcohol beverage or Franchise Tax return of the licensee? If not, explain	es for the previous year reported on the Wis	consin Income	□ No
	consin Seller's Permit?		□No
0. Does the applicant understand that alcohol beverage from the date of invoice and made available for inspec	invoices must be kept at the licensed premiction by law enforcement?	ses for 2 years	□No
1. Is the applicant indebted to any wholesaler beyond 1	5 days for beer or 30 days for liquor?	Yes	No
 Does the applicant owe municipal property taxes, ass (Note: Renewal of licenses may be denied pursuant assessments or other fees). 	sessments, or other fees?	Yes unicipal taxes	D#0
READ CAREFULLY BEFORE SIGNING: Under penalty peen truthfully answered to the best of the knowledge of the application; that the applicant has read and made a compand correct. The undersigned further understands that arroid, and under penalty of state law, the applicant may be his application. Any person who knowingly provides mate than \$1,000.	ne signer. The signer agrees that he/she is the lete answer to each question, and that the any license issued contrary to Chapter 125 compressed for submitting false statements arially false information on this application materially false.	ne person named in the fo answers in each instance f the Wisconsin Statutes s and affidavits in connect	regoing are true shall be ion with
Contact Person's Name (Last, First, M.I.)	Title / Member Owner	Date	
Signature O	Phone Number	Email Address	
Alicia young Dicia m	715-781-0598	amy oung 1946	gneil
TO BE COMPLETED BY CLERK			
2 22	p council / board Date license	ranted	
License number issued Date license iss	iceo Signature of C	Clerk / Deputy Clerk	
	10 Sh	ul Klim	

Submit to municipal clerk.

Individual's Full Name (please print) (last name))	(first name			(middle na	ame)	
Vour	Y S	Alicia	ر		\mathcal{M}		
Home Address (street/route)	Post Office		City		State	Zip Code	
Mole Stellen St			Colfap		WI	54730)
Home Phone Number		Age	Date of Birth		Place of B		
715-781-0598					Lawti	on DK	
					-		
The above named individual provides the	e following informatior	n a					
Applying for an alcohol beverage lic	ense as an <mark>individua</mark>	ıl.					
A member of a partnership which is	s making application f	or an alcoh	ol beverage licer	ise.			
(Officer / Director / Member / Manager /	of V	loung Ac	tive Ventu	ACS, LIC	v or Nonprofil	t Organization)	
which is making application for an a			ne of corporation, zimit	od zidomiy dompan,	· or monprom	organization,	
÷	_						
The above named individual provides the	-		7.2				
How long have you continuously resi				years			
Have you ever been convicted of any violation of any federal laws, any Wis	sconsin laws, any laws	s of any oth	er states or ordin	ances of any	county		
or municipality?						· · · L Yes	Ly No
If yes, give law or ordinance violated,			•	date, descript	lon and		
status of charges pending. (If more ro	om is needed, continue	on reverse s	ide of triis form.)				
3. Are charges for any offenses present		u (other the	an traffic unrelate	d to alcohol be	everages))	
for violation of any federal laws, any		•					
municipality?	•			-	-	🗌 Yes	UNO
If yes, describe status of charges per	nding.						
4. Do you hold, are you making applicate							
organization or member/manager/age							
beverage license or permit?						· Yes	No
If yes, identify.		/tin	and Type of License/Per	ma /41			
E. Dowey hold and/or are you or office.					ration or		
Do you hold and/or are you an officer member/manager/agent of a limited I							
brewery/winery permit or wholesale li			•	•		Yes	Z-150
If yes, identify.	.quoi, manulacturer oi	r rectiner pe	initial die Glate	OI WISCONSIII:		103	
· · · · · · · · · · · · · · · · · · ·	Vholesale Licensee or Permitte	201		(Addross	By City and (County	
6. Named individual must list in chronol				(Address	ву спу апа с	County)	
Employer's Name	Employer's Address	impioyers.		Employed From		То	
	, ,	10 Ca	Call Line	2008		2014	
Whitetail GOIF Employer's Name	8414 7607 A	~e, W	rax wr	Employed From		To To	
Wal mort	Employer's Address	Neron	onie WI	1985		2007	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

alicia y Oura (Signy Ture of Named Individual)

Renewal Alcohol E	Beverage	License App	lication	Applicant's Wisconsin Seller's Peri	mit Number
(Submit to municipal clerk. Re		FEIN Number			
Capital to mamorpal diem.		, , , , , , , , , , , , , , , , , , ,		27-1107309	
For the license period beginning	ng: 07 01 202 (mm dd yy)	2 ending: 06	30 2023 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of →			Class A beer	\$ 10
To the Governing Body of the:		COLFAX		Class B beer	\$ 10
to the Coverning Body of the.	City of				\$
	_ City of >			Class C wine	\$
County of DUNN		Alderman	ic Dist. No	Class A liquor	
•		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one: 🔲 Individual	Limited Liab			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation.	/Nonprofit Organiza	tion	☐ Class B (wine only) winery	\$
				Publication fee	\$ 22
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 32
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
		M		St Chippewa Falls, WI	54729
Thaler	Steven (First)	(Middle Name)		t, City or Post Office, & Zip Code)	. 01/23
Full Name (Last)	(First)		1	- Commenter	5.4700
Thaler	John	Т		St Chippewa Falls, WI	54729
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
	1				
B. LLC or Corporation (and a	Agent):				
		imited Liability Company	Address of Cornoration /	Limited Liability Company (if different from	om licensed premises
_			Address of Corporation /	Entitled Elability Cempany (ii dinorant in	om noomada promides
J & S Sales of Chipp					
A.D				all formented malt beverages a	
liquor must appoint an agent.					and/or intoxicating
liquor must appoint an agent. Agent Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	and/or intoxicating
iquor must appoint an agent.			Home Address (Stree		and/or intoxicating
iquor must appoint an agent. Agent Last Name DEMOE	(First) RONDI	(Middle Name)	Home Address (Stree PO BOX 251	t, City or Post Office, & Zip Code) COLFAX, WI 54730 ability Company:	and/or intoxicating
iquor must appoint an agent. Agent Last Name DEMOE	(First) RONDI	(Middle Name)	Home Address (Stree PO BOX 251	t, City or Post Office, & Zip Code) COLFAX, WI 54730	and/or intoxicating
iquor must appoint an agent. Agent Last Name DEMOE All Officer(s) Director(s) of C President / Member Last Name	(First) RONDI Corporation and (First)	(Middle Name) d Members / Manag (Middle Name)	Home Address (Stree PO BOX 251 gers of Limited Lia Home Address (Stree	t, City or Post Office, & Zip Code) COLFAX, WI 54730 ability Company: t, City or Post Office, & Zip Code)	
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Agent Last Name DEMOE All Officer(s) Director(s) of Officer(s) Directors Name Thaler Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name Express Agency Address of Premises 616 3. Does the applicant unders and brewpubs?	(First) RONDI Corporation and (First) Steven (First) John (First) (First) (First) (First) Mart MAIN ST Stand that they notes the stand that they note the stand that they note the stand that they note that the stand that the stand that they note that the stand that the	(Middle Name) d Members / Manage (Middle Name) M (Middle Name) t (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Stree PO BOX 251 of	t, City or Post Office, & Zip Code) COLFAX, WI 54730 Ability Company: t, City or Post Office, & Zip Code) St Chippewa Falls, WI t, City or Post Office, & Zip Code) St Chippewa Falls, WI t, City or Post Office, & Zip Code) St Chippewa Falls, WI t, City or Post Office, & Zip Code) At, City or Post Office, & Zip Code) At City or Post Office, & Zip Code)	54729 54729 1 4730 reweries
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5.	Legal description (omit if street address is	s given on previous pag	ge): Convenience	Store			
6.	a. Since filing of the last application, ha member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a lim ed of any offenses (ex Wisconsin laws, any la	ited liability company li xcluding traffic offense aws of other states, or	licensee, or s not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	⊮ No
	b. Are charges for any offenses present the named licensee or any other pers	ntly pending (excluding one affiliated with this	g traffic offenses not re license? If yes, expla	elated to alco in fully on p	ohol) against page 3	☐ Yes	∠ No
7.	Except for questions 6a and 6b, have the by you on your last application for this I	nere been any change icense? If yes, expla	s in the answers to the	e questions	as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	ohol beverages for the	previous year reported	on the Wisc	consin Income	✓ Yes	□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?	r right fiber right		Yes	□ No
10.	Does the applicant understand that alcohorm the date of invoice and made available.	nol beverage invoices rable for inspection by la	must be kept at the lice aw enforcement?	nsed premis	ses for 2 years	✓ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	r beer or 30 days for lid	quor?	((<u>anatighalisetaetae</u> 1986a	☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).	erty taxes, assessment nied pursuant to a local	s, or other fees? I ordinance, if the licen	 see owes m	unicipal taxes,	☐ Yes	☑ No
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Une truthfully answered to the best of the knolication; that the applicant has read and it correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that yer to each question, all a issued contrary to Ch ted for submitting false	t he/she is the nd that the a apter 125 of statements	ne person name nswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)		Title / Member		Date	^ ^	
_	naler, Steven M.		Member		5-10	203	۷
Sig	Steven Xtralos		Phone Number 715-723-2822		Email Address www.thaler	oil.cor	n
	Q						
то	BE COMPLETED BY CLERK						
Da	te received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
	5-12-2022		093				
Lic	ense number issued	Date license issued		Signature of C	lerk / Deputy Clerk	mer	

Submit to municipal clerk.

	Subitiit to muni	страт стетк.		
Individual's Full Name (please print) (last name)	(first na	me)	(midd	le name)
Iverson - Do mae	Q_{ℓ}	ondi	L	_
Home Address (street/route)	Post Office	City	State	Zip Code
MO3 Pine St.	POBOX 251	COKux	W	
Home Phone Number	Age	- W	Place	of Birth Ear Claire Wi
715.556-3796	66		E	candaire w
The above named individual provides the fol	lowing information as a pe	rson wno is (check one	·);	
Applying for an alcohol beverage license	e as an individual .			
A member of a partnership which is ma	king application for an alc	ohol beverage license	ı .	
(Officer / Director / Member / Manager / Agen	of	Name of Corporation, Limited L	iability Company or Non	profit Organization)
· · · · · · · · · · · · · · · · · · ·	7	wante of Corporation, Elittled L	sability Company or Non	pront organization,
which is making application for an alcoh	or beverage licerise.			
The above named individual provides the fol	lowing information to the I	icensing authority:		
1. How long have you continuously resided	in Wisconsin prior to this	date?		
2. Have you ever been convicted of any offer	enses (other than traffic ur	related to alcohol bev	erages) for	
violation of any federal laws, any Wiscon	sin laws, any laws of any	other states or ordinar	ices of any county	у
or municipality?				Yes 🔀 No
If yes, give law or ordinance violated, tria	I court, trial date and pena	alty imposed, and/or da	ate, description ar	nd
status of charges pending. (If more room in	s needed, continue on revers	e side of this form.)		
0				
 Are charges for any offenses presently p 				
for violation of any federal laws, any Wisc				
municipality?				Yes 😕 No
If yes, describe status of charges pending	9			
4. Do you hold, are you making application	for or are you an officer, d	irector or agent of a co	orporation/nonpro	fit
organization or member/manager/agent	of a limited liability compa	ny holding or applying	for any other alco	phol
beverage license or permit?				Yes 🔀 No
If yes, identify.				
	•	ion and Type of License/Permit)		
Do you hold and/or are you an officer, dir				n or
member/manager/agent of a limited liabil				
brewery/winery permit or wholesale liquo	r, manufacturer or rectifie	permit in the State of	Wisconsin?	Yes No
If yes, identify.				
(Name of Whole.	sale Licensee or Permittee)		(Address By City	and County)
Named individual must list in chronologic	al order last two employe			
	oloyer's Address		Employed From	То
Express mart	Celle Main St		2011	Present
Employer's Name Emp	loyer's Address	E	Employed From	То
				CII I

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 17 2022

(Signature of Named Individual)

Renewal Alcohol E	Beverage Lie	cense App	lication	Applicant's Wisconsin Seller's Period 456/03 559 18	TILL Number
(Submit to municipal clerk. Re	ead instructions o	n page 3.)		FEIN Number	
	17/4/200		V.1201 2022	FEIN Number 26 030 715	8
For the license period beginning	ng: 01/01/2022 (mili dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	1 10		Class A beer	\$ 10.00
To the Governing Body of the:	□ Village of }	WHax		Class B beer	\$
	City of			Class C wine	\$
T		Aldermoni	a Diet Na	Class A liquor	\$ 50.00
County of Dunr)	Alderniani	c Dist. No by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii required	a by ordinarioo,	Class B liquor	\$
Check one: Individual	Limited Liability	Company		Reserve Class B liquor	\$
	Corporation/No		tion	Class B (wine only) winery	
_ ,				Publication fee	\$ 22,50
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 32,50
A. Individual or Partnership:					
Fuli Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middie Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	J1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	<u> </u>				
B. LLC or Corporation (and	Agent):				P (
Full Legal Name of Corporation / Nonp		d Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)
	et Inc.				
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to se	il fermented malt beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Krissin	Kule	A	N8#41 C	o. Rd M Colfax W	F 54730
All Officer(s) Director(s) of C		mbore / Manag			
President / Member Last Name	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	
	1, /	A		. Rd m Colsax WI	- 611730
Vice President / Member Last Name	Kyle (First)	(Middle Name)	Home Address (Street	City or Past Office, & Zip Code)	04730
		N		I'M St COKER WIE	51721
Krossin	N: cholas	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	المريد المراجع
Secretary / Member Last Name	, ,	l)			- 51720
Kressin	Claudia	」	N8441 C	o Rd M Colfcup WI City or Post Office, & Zip Code)	. 34 130
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City of Fost Cilice, a Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information		T.I			
1. Trade NameKu	les March	٠.	Business Pho	ne Number 715-96:	2-3585
2. Address of Premises					54730
					autorios
3. Does the applicant unders and brewpubs?				Yes	L No
records. (Alcohol beverag	g living quarters, if es may be sold an	used, for the sale d stored only on	es, service, consum the premises descr	ption, and/or storage of alcoh ibed.)	ol beverages and
Dome 1	twent in	repicter	s beer i	Caux, Sales &	Year
h	Sy FIVIV	1 2015.51	1))	2 310 311
my bea	er caul.				

5,	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or an member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcoho for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any cour or municipality? If yes, complete page 3	l) nty	<u>_</u> No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	st Yes	W o
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain and the answers to the questions as submitted by you on your last application for this license? If yes, explain and the answers to the questions as submitted by you on your last application for this license?	ed Yes	₽ No
		-	
8,	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Incor or Franchise Tax return of the licensee? If not, explain	me Yes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Ves	☐ No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 ye from the date of invoice and made available for inspection by law enforcement?	ars Yes	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Yes	PNO
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes Yes,	₽No
app and void	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the entruthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person notication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wiscold, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidate application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	amed in the ideach instance nsin Statutes vits in connect	are true shall be tion with
Сог	ntact Person's Name (Last, First, M.I.) Date 5-1	8-22	
Sig	nature Phone Number Email Addres	8-23 Sylesmarki	
	715-505-2290 info@x	lylesmar Le	t con
ro	BE COMPLETED BY CLERK		
Dai	te received and filed with municipal clerk Date reported to council / board Date license granted		
Lice	ense number issued Date license issued Signature of Clerk / Deputy)	
	Shell T	um	

Submit to municipal clerk.

lo	dividual's Full Name (please print) (last name)	(first name)		(middle nan	ne)	
li it	1/	/	` / / . `		A	107	
	nressin		Kyle				
Ho	ome Address (street/route)	Post Office	City). 10		Zip Code	
	N8441 Co. Rd M			e Kay	WI	54730	
Ho	ome Phone Number		Age		Place of Bir		
	715-942-22	41	59		Bloom	er WI	
	145			-	!		
Th	e <i>above named individual</i> provides the	e following information a	as a <mark>person who is (</mark>	спеск опе):			
	Applying for an alcohol beverage lic	ense as an individual .					
F	A member of a partnership which is	making application for	an alcohol beverage	e license.			
\searrow			_				
7	Officer / Director / Member / Manager /	Agent)	(Name of Corporation	on, Limited Liability Company	or Nonprofit C	Organization)	_
	which is making application for an a	cohol beverage license					
Th	e above named individual provides the	e following information t	o the licensing autho	ority:			
	How long have you continuously resi			58 years			
	Have you ever been convicted of any			ohol beverages) for			_
	violation of any federal laws, any Wis	,			ounty		
	or municipality?					Yes T	lo
	If yes, give law or ordinance violated,	trial court, trial date an	d penalty imposed, a	and/or date, descripti	on and		
	status of charges pending. (If more re	om is needed, continue or	reverse side of this fo	orm.)			
^	Association of the control of the co		/athan than troffic up	valeted to elected be	,,orogog)		_
პ.	Are charges for any offenses present for violation of any federal laws, any						
	municipality?					Yes 4	lo
	If yes, describe status of charges per				3 7/8/3/19/3/20		
4.	Do you hold, are you making applica		icer, director or age	nt of a corporation/no	onprofit		_
	organization or member/manager/ag						
	beverage license or permit?	·			(%)	Yes L	б
	If yes, identify.						
	·	·	ne, Location and Type of Lice	·			
5.	Do you hold and/or are you an officer						
	member/manager/agent of a limited I						т.
	brewery/winery permit or wholesale li	quor, manufacturer or r	ectifier permit in the	State of Wisconsin?		Yes L	10
	If yes, identify.						_
_	With the Color of	/holesale Licensee or Permittee)	alavasa	(Address	By City and C	ounty)	
6.	Named individual must list in chronol		ipioyers.	Employed From		Го	\neg
	Employer's Name	Employer's Address	- (Present	
	Kyles Market Employer's Name Kirkwoods IGA	15 Mains Employer's Address 1) 5 Mains	<i>T</i>	200 \(\) Employed From		To To	\dashv
	Elliployer's Name	Limployer's Address	$\leq i$	1991		"2007	
	A CV Wands TGA	L II) (Date	14	1991		O 100 I	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

of Named Individual)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first nam	e)	(middle na	ame)	
Kressin	Nicho	olas	N		
Home Address (street/route)	Post Office	City	State	Zip Code	
N9811 550th 54		Co Kerk	(e)I	54730	
Home Phone Number	Age		Place of B	irth	
715 - 505 - 7373	<u> </u>		Chip	seva Fells wi	1
The above named individual provides the fo	ollowing information as a per	son who is (check one):		
Applying for an alcohol beverage licens	-	,			
A member of a partnership which is m	naking application for an alco	hol beverage license			
Vice President (Officer/Director/Member/Manager/Age	of Kyle	Market I lame of Corporation, Limited L	iability Company or Nonprofit	t Organization)	
which is making application for an alco	hol beverage license.				
The above named individual provides the fo	ollowing information to the lic	ensina authority:			
How long have you continuously resident			ov S		
2. Have you ever been convicted of any of	fenses (other than traffic unr	elated to alcohol bev	erages) for		
violation of any federal laws, any Wisco					
or municipality?				Yes U	Ф
If yes, give law or ordinance violated, tri	al court, trial date and penal	ty imposed, and/or da	ite, description and		
status of charges pending. (If more room	is needed, continue on reverse	side of this form.)			
Are charges for any offenses presently	nending against you (other t	nan traffic unrelated to	alcohol beverages	\ e	_
for violation of any federal laws, any Wi				,	
municipality?				Yes Ut	VO.
If yes, describe status of charges pendi					
4. Do you hold, are you making application		ector or agent of a co	rporation/nonprofit		
organization or member/manager/agent					
beverage license or permit?				yes 🕡 Yes	10
If yes, identify.					
5 D hald and/an are #6	·	n and Type of License/Permit)			
Do you hold and/or are you an officer, d member/manager/agent of a limited liab					
brewery/winery permit or wholesale liqu				Yes U	To
If yes, identify.	or, manufacturer or rectiner	permit in the state of	VVI3001131111111111111111111111111111111	100	•
	lesale Licensee or Permittee)		(Address By City and	County)	
Named individual must list in chronologi	•		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
	mployer's Address		mployed From	То	
Kyles Market	115 main S	4	2011	Present	
	mployer's Address	E	mployed From	То	
Military			2005	2012	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Renewal Alcohol E	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Pern 456-1020420796-02	nit Number
(Submit to municipal clerk. Re	ead instructions o	n page 3.)		FEIN Number	
For the license period beginning	or 07 01 0000	anding: ac	20 2022	39-1764869	
For the license period beginning	(mm dd yyyy)	ending: 06	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)	T F13 77		☑ Class A beer	\$ 10.00
To the Governing Body of the:	✓ Village of CO	LFAX		Class B beer	\$
	☐ City of			Class C wine	\$
County of DUNN		Aldermani	c Dist. No	Class A liquor	\$
County of			by ordinance)	Class A liquor (cider only)	\$ N/A
		(Class B liquor	\$
Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	✓ Corporation/Nor	nprofit Organizat	ion	Class B (wine only) winery	\$
·				Publication fee	\$ 28.50
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 302.50
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City ar Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	. City or Post Office, & Zip Code)	
B. LLC or Corporation (and a	Agent):				
		Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licensed premises)
SYNERGY COMMUNITY CO	-			IDGELAND, WI 54763	
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office. & Zip Code)	
BROWN	CHARLES		E8948 810TH	AVE COLFAX, WI 547	3 0
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Lial	bility Company:	
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
SCORE	DAVID		N12103 430TH	H ST, BOYCEVILLE, WI	54725
Vice President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
MOLLS JR	ROMAN	A	459 16TH AVE	E ALMENA, WI 54805	
Secretary / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
,	BRIAN	L		ST COLFAX, WI 5473	0
JOHNSON Treasurer / Member Last Name	(First)	R (Middle Name)		: City or Post Office, & Zip Code)	0
Treasurer / Metriber Last Matric	(i list)	(Middle Name)	Tiome Address (Glicet	. Ony of 1 out office, a zip obder	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	; City or Post Office, & Zip Code)	
KNUTSON	KYLE	L	N10037 CTY I	RD M COLFAX, WI 547	30
Directors / Managers Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
C. Business Information				/===\ a== ===	10
1. Trade Name COLFAX CE	ENEX		Business Ph	one Number (715) 962-317	2
2. Address of Premises 401	E. RAILROAD A	VE	Post Office 8	Zip Code COLFAX 54730	
3. Does the applicant unders and brewpubs?	- '			rom Wisconsin wholesalers, bro	eweries
4. Premises description: De	escribe building or b g living quarters, if u	uildings where a sed, for the sale	alcohol beverages s, service, consum	are to be sold and stored. The option, and/or storage of alcohol.	e applicant musi ol beverages and
INSIDE OF BUILDING	G INCLUDE COOL	ERS		·	

AT-115 (R: 5-19) Wisconsin Department of Revenue

5.	5. Legal description (omit if street address is given on previous page):		
6.	6. a. Since filing of the last application, has the named licensee, any mem member, officer, director, manager or agent for either a limited liability organization licensee been convicted of any offenses (excluding the for violation of any federal laws, any Wisconsin laws, any laws of oth or municipality? If yes, complete page 3	y company licensee, or nonprofit affic offenses not related to alcohol) er states, or ordinances of any county	☑ No
	b. Are charges for any offenses presently pending (excluding traffic of the named licensee or any other persons affiliated with this license?		☑ No
7.	7. Except for questions 6a and 6b, have there been any changes in the arm by you on your last application for this license? If yes, explain		☑ No
8.	3. Was the profit or loss from the sale of alcohol beverages for the previous y or Franchise Tax return of the licensee? If not, explain		□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Perm [phone (608) 266-2776]	it? www.www.www.www.www.www.www.w	□ No
10.	 Does the applicant understand that alcohol beverage invoices must be ke from the date of invoice and made available for inspection by law enforce 	pt at the licensed premises for 2 years ment?	□No
11.	I. Is the applicant indebted to any wholesaler beyond 15 days for beer or 3	days for liquor? Yes	▼ No
12.	 Does the applicant owe municipal property taxes, assessments, or other (Note: Renewal of licenses may be denied pursuant to a local ordinance assessments or other fees). 		✓ No
bee app and voic this	EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the een truthfully answered to the best of the knowledge of the signer. The signe oplication; that the applicant has read and made a complete answer to each ad correct. The undersigned further understands that any license issued cooled, and under penalty of state law, the applicant may be prosecuted for sub is application. Any person who knowingly provides materially false information \$1,000.	agrees that he/she is the person named in the for question, and that the answers in each instance a ntrary to Chapter 125 of the Wisconsin Statutes s mitting false statements and affidavits in connecti	regoing are true shall be on with
Cor	ontact Person's Name (Last. First, M_I,)	er Date	
	C.E.O. Ignatuse Phone Numi	5-// - 2022 per Email Address	
9	Phone Number (715) 94		.com
— то	D BE COMPLETED BY CLERK		
Date	ate received and filed with municipal clerk 5-31-2022 Date reported to council / board	Date license granted	
Lice	cense number issued Date ticense issued	Signature of Clerk / Deputy Glerk	

Submit to municipal clerk.

Individ	ual's Full Name (please print) (last name)	(first name)		(middle na	ame)	
	Brown		Charles		_	-	
	Address (street/route)	Post Office	City	^ ; <i>/</i>	State	Zip Code	
N8.	227 Cty Road M			.oltax	WI	54731)
	Phone Number		Age		Place of B	1ippewa	
7	15-962-3545		4		1 C1	rippewa	Co.
	bove named individual provides the pplying for an alcohol beverage lic	ense as an individ u	al.				
	member of a partnership which is	•	0			7 11	
X -	(Officer / Director / Member / Manager	Agent) of	(Name of Co.	Donation, Limited Liability Compa	ny or Nonprofi	O He X Organization)	
W	hich is making application for an a	cohol beverage lice	nse.				
The a	bove named individual provides the	e following informati	on to the licensing	authority:			
	ow long have you continuously resi	•	_	99535			
	ave you ever been convicted of any						
	plation of any federal laws, any Wis						
	municipality?					Yes	No
If y	yes, give law or ordinance violated,	trial court, trial date	and penalty impos	ed, and/or date, descri	ption and		
sta	atus of charges pending. (If more ro	om is needed, continu	e on reverse side of t	his form.)			
):=							
	e charges for any offenses present)	
101 m	violation of any federal laws, any unicipality?	wisconsin laws, any	laws of other state	is or ordinances or any	Courty of	□ Yes	MNO
If v	es, describe status of charges per	ndina.	PERSONAL PROPERTY AND AND ADDRESS OF THE PARTY		2010 - 100 P. E.	103	A 110
4. Do	you hold, are you making applica	tion for or are you ar	officer, director or	agent of a corporation/	nonprofit		
	ganization or member/manager/ag						000 6
	verage license or permit?						X No
lf y	es, identify.						/
	<u> </u>		(Name, Location and Type	of License/Permit)			
	you hold and/or are you an office		•			-	
	ember/manager/agent of a limited l					□ v	VZ N-
	ewery/winery permit or wholesale li	quor, manufacturer	or rectifier permit in	the State of Wisconsin	17	* Yes	X NO
11 7	es, identify.						
c N	•	Vholesale Licensee or Permi		(Addre	ss By City and	County)	
	amed individual must list in chronol	Employer's Address	employers.	Employed From		To O	
	Margulas /alles	1161 01	um Au		05	Proven	1
Em	Slover's Name	Employer's Address	vastre_	Employed From		10 11 - 4-	/ - k
F	W Comes Store	CL H.	u 25	//_	4-4	115-4-	05
	J. I COME DIOIC	31-110	y 5,	10-		,,,,	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Renewal Alcohol E	3everage Lic	cense App	illation	456 103033	3186704
Submit to municipal clerk. Re			w	FEIN Number 85 1323689	
or the license period beginning	ng: 07/01/2023	\mathfrak{Q} ending: $\mathscr{Q}_{\mathscr{A}}$	(mml dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	0.10		Class A beer	\$
o the Governing Body of the:	Village of }	WHax		Class B beer	\$ 100.00
	City of			Class C wine	\$
1).			c Dist, No	Class A liquor	\$
County of Uunr	,		i by ordinance)	Class A liquor (cider only) \$ N/A
		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, 0	Class B liquor	\$ 400.00
heck one: 🔲 Individual	Limited Liability	Company		Reserve Class B liquor	\$
Partnership	Corporation/No	nprofit Organizat	ion	Class B (wine only) winer	y \$
11				Publication fee	\$ 22 50
omplete A or B. All must c	omplete C.			TOTAL FEE	\$ 522.50
. Individual or Partnership:					
uli Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Moms Restauran	マ・サイスリー		225 Bren		
quor must appoint an agent.			g for a license to se		and/or intoxicating
Il corporations/organizations quor must appoint an agent. Agent Last Name II Officer(s) Director(s) of C	or limited liability co	(Middle Name)	g for a license to se Home Address (Street, ers of Limited Liak	city or Post Office, & Zip Code) City Office, & Zip Code) City Office, & Zip Code)	
II corporations/organizations quor must appoint an agent. Agent Last Name II Officer(s) Director(s) of C	(First) Corporation and Me (First)	(Middle Name) embers / Manag (Middle Name)	g for a license to se Home Address (Street, ers of Limited Liak Home Address (Street,	City or Post Office, & Zip Code) cility Company: City or Post Office, & Zip Code)	
Il corporations/organizations quor must appoint an agent. Agent Last Name II Officer(s) Director(s) of Coresident / Member Last Name Barstad	or limited liability co (First) Corporation and Me	(Middle Name) embers / Manag	g for a license to se Home Address (Street, ers of Limited Liak Home Address (Street, N 8080 Ca	city or Post Office, & Zip Code) City Office, & Zip Code) City Office, & Zip Code)	and/or intoxicating
Il corporations/organizations quor must appoint an agent. Agent Last Name Il Officer(s) Director(s) of Ceresident / Member Last Name Barstod //ce President / Member Last Name	(First) Corporation and Me (First) Corporation And Me	(Middle Name) embers / Manag (Middle Name)	g for a license to se Home Address (Street, ers of Limited Liak Home Address (Street, N 8080 Co Home Address (Street,	City or Post Office, & Zip Code) cility Company: City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
All Corporations/organizations quor must appoint an agent. Agent Last Name All Officer(s) Director(s) of Corporation / Member Last Name Parshad Vice President / Member Last Name Secretary / Member Last Name	(First) Corporation and Mark (First) Corporation (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name)	g for a license to see Home Address (Street, N 8080 Co Home Address (Street, Home Addres	City or Post Office, & Zip Code)	
Il corporations/organizations quor must appoint an agent. Agent Last Name Il Officer(s) Director(s) of Coresident / Member Last Name Barshad Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) Corporation and Me (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name)	g for a license to see Home Address (Street, ers of Limited Liak Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) Dility Company: City or Post Office, & Zip Code)	
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Il corporations/organizations quor must appoint an agent. Agent Last Name Il Officer(s) Director(s) of Coresident / Member Last Name Barstod Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) (First) (First)	embers / Manag (Middle Name)	g for a license to see Home Address (Street, Property of Limited Liak Home Address (Street,	City or Post Office, & Zip Code)	NT 54730
All corporations/organizations quor must appoint an agent. Agent Last Name All Officer(s) Director(s) of Corporation / Member Last Name Barshad Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name	(First)	(Middle Name)	ers of Limited Liak Home Address (Street, N 8080 Co Home Address (Street, Home Address (City or Post Office, & Zip Code) One Number TIS-962 Colsaso om Wisconsin wholesalers, I	2-4617 54730 preweries No
All corporations/organizations quor must appoint an agent. Agent Last Name All Officer(s) Director(s) of Corporation / Member Last Name Bashad Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name	(First) (First)	(Middle Name) (Middle Name)	ers of Limited Liak Home Address (Street, N 8080 Co Home Address (Street, Home Address (City or Post Office, & Zip Code) One Number TIS-962 Om Wisconsin wholesalers, I Yes are to be sold and stored. ption, and/or storage of alco	2-4617 54730 preweries No

5. Legal de	scription (omit if street address is given on previous page	e):			2022
mem orga for vi	e filing of the last application, has the named licensee, a ber, officer, director, manager or agent for either a limite nization licensee been convicted of any offenses (excolation of any federal laws, any Wisconsin laws, any law unicipality? If yes, complete page 3	ed liability company licensee. or cluding traffic offenses not relate vs of other states, or ordinances	nonprofit d to alcohol) of any county	Yes	No
b. Are the n	harges for any offenses presently pending (excluding amed licensee or any other persons affiliated with this licensee.	traffic offenses not related to alc cense? If yes, explain fully on	ohol) against page 3	Yes	⊠ No
7. Except by you	for questions 6a and 6b, have there been any changes on your last application for this license? If yes, explain	in the answers to the questions	as submitted	Yes	No
8. Was the or Franc	profit or loss from the sale of alcohol beverages for the profits or loss from the licensee? If not, explain	revious year reported on the Wisc	consin Income	Ŷes	□ No
9. Does th	e applicant understand they must hold a Wisconsin Selle 608) 266-2776]	er's Permit?	. 1271 martin	Yes	□ No
). Does the	e applicant understand that alcohol beverage invoices mudate of invoice and made available for inspection by law	ust be kept at the licensed premise enforcement?	ses for 2 years	Yes	□No
1. Is the a	pplicant indebted to any wholesaler beyond 15 days for b	peer or 30 days for liquor?		Yes	PNO
(Note:	e applicant owe municipal property taxes, assessments, Renewal of licenses may be denied pursuant to a local onents or other fees).	or other fees?		Yes	₽ No
een truthfu pplication; nd correct, oid, and ur	EFULLY BEFORE SIGNING: Under penalty provided by ly answered to the best of the knowledge of the signer. That the applicant has read and made a complete answer The undersigned further understands that any license is der penalty of state law, the applicant may be prosecuted on. Any person who knowingly provides materially false in the state of the state is a second content of the state is a sec	he signer agrees that he/she is the r to each question, and that the a ssued contrary to Chapter 125 o d for submitting false statements	ne person named in t nswers in each insta the Wisconsin Stat and affidavits in cor	the for ance a utes s anection	egoing re true hall be on with
		itle / Member Öwner	Date 5-25-8	207	2
ignature		Phone Number 715-962-4617	Emeil Address Monsrestauran 9 Mail - Co	+pu	52020
	IPLETED BY CLERK and filed with municipal clerk Dale reported to council / boar	rd Date license g	ranted		
€ - Jicense numbe	7-2022 L. J. 202). Signature of C	lerk / Deputy Clerk		
Some number	Date include indexed	. Ah	uh Kum	J	

Submit to municipal clerk.

Individual's Full Name (please print) (last i	name)	(first name)	(n	niddle name)
Ranch	-00	Mark		S
Home Address (street/route)	Post Office	City	S	tate Zip Code
N8080 Co Rd M		Cols	Parl 1	NI 54730
Home Phone Number		A	P	ace of Birth
715-704-616	23	(٤	lace of Birth Ear Clarre WI
The above named individual provides	s the following informati	on as <mark>a person who is</mark> (ca	heck one):	
Applying for an alcohol beverage	e license as an individ u	ıal.		
A member of a partnership which	ch is making application	for an alcohol beverage	license.	
	of			
(Officer / Director / Member / Mana	ger / Agent)	(Name of Corporation	n, Limited Liability Company or	Nonprofit Organization)
which is making application for a	n alcohol beverage lice	nse		
The above named individual provides	s the following informati	on to the licensing autho	ritv:	
How long have you continuously:			5 years	
2. Have you ever been convicted of				
violation of any federal laws, any	,			unty
or municipality?				
If yes, give law or ordinance viola	ted, trial court, trial date	and penalty imposed, a	nd/or date, descriptior	n and
status of charges pending. (If more	e room is needed, continu	e on reverse side of this for	m.)	
3. Are charges for any offenses pres	contly ponding against y	you (other than traffic unr	elated to alcohol beve	eranes)
for violation of any federal laws, a				
municipality?				
If yes, describe status of charges				
4. Do you hold, are you making app	lication for or are you a	n officer, director or agen	t of a corporation/non	profit
organization or member/manager				
beverage license or permit?				Yes You
If yes, identify.		(Name, Location and Type of Licer	aso/Pormit)	
5. Do you hold and/or are you an off				tion or
member/manager/agent of a limit		_		
brewery/winery permit or wholesa	• • •			Yes Z-No
If yes, identify.	,,			
•	of Wholesale Licensee or Permi	ittee)	(Address By	City and County)
6. Named individual must list in chro	nological order last two	employers.		
Employer's Name	Employer's Address		Employed From	To
Moms Rest. & Pub	225 Bren	er Acre #101	2020	Present
Employer's Name	Employer's Address		Employed From	То
Wal Mart	menom	mes	1995	2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark & Barstan (Signature of Named Individual)

Renewal Alcohol E	Beverage Li	cense App	ALL COLLINS	Applicant's Wisconsin Seller's Peri	X47602
Submit to municipal clerk. R	ead instructions of	on page 3.)		EEIN Number	
or the license period beginning	or 07/01/200	22 ending b	4/30/2023	82 28965	008
	10 (25575)		(mm/dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
the Governing Body of the:	☐ Town of	Calfar		Class A beer	\$
the Governing Body of the:	Village of }	WIFAX		Letass B beer	\$ 100.00
	City of			Class C wine	\$
Dung	_	Aldermani	ic Dist. No	Class A Ilquor	\$
ounty of)		d by ordinance)	Class A liquor (cider only)	\$ N/A
		(11.10401101	,,	Class B liquor	\$ 400.00
neck one: 🔲 Individual	Limited Liability	y Company		Reserve Class B liquor	\$
Partnership	Corporation/No	onprofit Organiza	tion	Class B (wine only) winery	\$
	_ ,			Publication fee	\$22.50
omplete A or B. All must c	omplete C.			TOTAL FEE	\$ 522,50
Individual or Partnership:					
uli Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
ull Name (Last)	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
	, , , , , , , , , , , , , , , , , , , ,				
uli Name (Last)	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
. LLC or Corporation (and	Agent):				
		ed Liability Company	Address of Corporation / I	Limited Liability Company (if different fro	m licensed premises)
		•	KID M	ain St. Co) fup	WI 5473
	jour hu		212		
The Blind T					
corporations/organizations		ompanies applyin	g for a license to se	ell fermented malt beverages a	ind/or intoxicating
l corporations/organizations uor must appoint an agent.	or limited liability of				and/or intoxicating
Il corporations/organizations quor must appoint an agent.	or limited liability co	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
I corporations/organizations puor must appoint an agent. gent Last Name Andurson	or limited liability of	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
I corporations/organizations quor must appoint an agent. gent Last Name A NA-WSON II Officer(s) Director(s) of O	or limited liability of (First) Nicholas Corporation and M	(Middle Name) R embers / Manag	Home Address (Street,	City or Post Office, & Zip Code) ve St Chippowa Fo bility Company:	
I corporations/organizations quor must appoint an agent. gent Last Name A NA-WSON II Officer(s) Director(s) of O	or limited liability of	(Middle Name) R embers / Manag	Home Address (Street,	City or Post Office, & Zip Code) VeSt Chippowa Fo bility Company: City or Post Office, & Zip Code)	UL 547
Il corporations/organizations quor must appoint an agent. Agent Last Name A Naw Sov Il Officer(s) Director(s) of Oresident / Member Last Name	(First) Corporation and M	(Middle Name) R embers / Manag	Home Address (Street,	City or Post Office, & Zip Code) VeSt Chippowa Fo bility Company: City or Post Office, & Zip Code)	UL WI 547.
Il corporations/organizations quor must appoint an agent. gent Last Name A NA-WSON II Officer(s) Director(s) of O	or limited liability of (First) Nicholas Corporation and M	(Middle Name) R embers / Manag	Home Address (Street,	City or Post Office, & Zip Code) VeSt Chippowa Fo bility Company: City or Post Office, & Zip Code)	US WI 547
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Cuttler Corporations/organizations Guor must appoint an agent. Georgent Last Name And WSo Il Officer(s) Director(s) of Corporation Fresident / Member Last Name Cuttler Georgenty / Member Last Name	or limited liability of Nicholas Corporation and M (First) Nicholas (First) Tessica	(Middle Name) R embers / Manag (Middle Name) R (Middle Name)	Home Address (Street, 233 O);	City or Post Office, & Zip Code) ve St Chippower For bility Company: City or Post Office, & Zip Code) Ve St Chippower Full City or Post Office, & Zip Code) e St Chippower Fall	US WI 547
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I corporations/organizations Juor must appoint an agent. J	or limited liability of (First) Nicholas corporation and M (First) Nicholas (First) TESSICA (First) (First) (First)	(Middle Name) R embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, H	City or Post Office, & Zip Code) Ve St. Chippowe For bility Company: City or Post Office, & Zip Code) Le St. Chippowe For City or Post Office, & Zip Code)	Uls WI 547, 15WI 54729 Us WI 547
Cutler ecretary / Member Last Name President / Member Last Name Cutler ecretary / Member Last Name Incevers / Managers Last Name Business Information Trade Name	or limited liability of (First) Nicholas corporation and M (First) Nicholas (First) TESSICA (First) (First) (First)	(Middle Name) R embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, H	City or Post Office, & Zip Code) Ve St Chippowe For bility Company: City or Post Office, & Zip Code) Le St Chippowe For Code, City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	Uls WI 547, 15WI 54729 Us WI 547
Il corporations/organizations quor must appoint an agent. In officer(s) Director(s) of Oresident / Member Last Name And Lyson And	or limited liability of Nicholas Corporation and M (First) Nicholas (First) Nicholas (First) (First) (First) (First) (First) (First) (First) (First)	(Middle Name) R embers / Manag (Middle Name)	Home Address (Street, 2330) Home Address (Street, 2330) Home Address (Street, 2330) Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street, Business Phopost Office & ol beverages only fr	City or Post Office, & Zip Code) Ve St Chippowe For bility Company: City or Post Office, & Zip Code) Ve St Chippowe For Code, City or Post Office, & Zip Code) One Number 715-962 Tom Wisconsin wholesalers, br	US WI 54729 US WI 547
Il corporations/organizations quor must appoint an agent. Quent Last Name AnderSon Il Officer(s) Director(s) of Oresident / Member Last Name AnderSon Vice President / Member Last Name Vice President / Member	(First)	(Middle Name) R embers / Manag (Middle Name) t purchase alcohological dings where used, for the sale	Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street, Street, Home Address (Street, Ad	City or Post Office, & Zip Code) Ve St Chippowa For bility Company: City or Post Office, & Zip Code) Company City or Post Office, & Zip Code)	US WI 54729 US WI 5477 US WI 5477 WI 5475 eweries eweries e applicant must
Il corporations/organizations quor must appoint an agent. Il Officer(s) Director(s) of O President / Member Last Name Analyso President / Member Last Name Analyso President / Member Last Name Analyso President / Member Last Name Premises Information Premises description:	(First)	(Middle Name)	Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, 2330); Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street, Business Phopost Office & ol beverages only from alcohol beverages es, service, consum the premises description.	City or Post Office, & Zip Code) Ve St Chippowa For bility Company: City or Post Office, & Zip Code) Company City or Post Office, & Zip Code)	US WI 547 US WI 547 US WI 547 WI 547 EWERIES The applicant must of beverages and

5.	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	PNO
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	W No
7	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	[Y Yes	□ No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes	□ No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes	☐ No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Yes	TNO
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	□M0
bee app and void this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name slication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin d, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	d in the fo instance Statutes n connect	regoing are true shall be ion with
Cor	AnderSex Nicholas R Owner 5/3//2	2	
Sigi	Anderson Nicholas R Owner 7/1/10 Phone Number Email Address 715-456-7453		
	1W 10410		
	BE COMPLETED BY CLERK		
	e received and filed with municipal clerk Date reported to council / board Date license granted		
Lice	0.2-2022 4.27-2022 Signature of Clerk / Deputy Clerk	ima	١.
	Similar (F)	0110	V

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first nam	re)		(middle name)	
Anderso	\mathcal{M}	cholas		$\boldsymbol{\mathcal{K}}$	
Home Address (street/route)	Post Office	City		State Zip Cod	le
233 OliveSt		Chippewa			1729
Home Phone Number	Ag	12 - 15-11		Place of Birth	
715-456-74	53 {			Eau Clair	& WI
The above named individual provides the follow	wing information as a per	SOLL MILO IS FOURTH	moj:		
Applying for an alcohol beverage license a	ıs an individual .				
A member of a partnership which is making	ng application for an alco	hol beverage licen	se.		
	of				
(Officer / Director / Member / Manager / Agent)	(1)	ame of Corporation, Limite	d Liability Company	or Nonprofit Organiza	tion)
which is making application for an alcohol	beverage license.				
The above named individual provides the follow	ving information to the lic	ensing authority:			
1. How long have you continuously resided in	Wisconsin prior to this da	ate? 3	9 years	5	
2. Have you ever been convicted of any offens	ses (other than traffic unr				
violation of any federal laws, any Wisconsin	ı laws, any laws of any o	ther states or ordina	ances of any c	ounty	
or municipality?					Yes No
If yes, give law or ordinance violated, trial c	ourt, trial date and penalt	ty imposed, and/or	date, description	on and	
status of charges pending. (If more room is r	leeded, continue on reverse	side of this form.)			
Are charges for any offenses presently pen	ding against you (other th	nan traffic unrelated	to alcohol bey	verages)	
for violation of any federal laws, any Wiscon					
municipality?					Yes No
If yes, describe status of charges pending.	1-00-000-00-00-00-00-00-00-00-00-00-00-0	to the transfer of the transfe			
4. Do you hold, are you making application for	or are you an officer, dir	ector or agent of a	corporation/no	nprofit	
organization or member/manager/agent of a	a limited liability company	holding or applying	ng for any other	alcohol	
beverage license or permit?					Yes No
If yes, identify.				W-12	_
· · · · · · · · · · · · · · · · · · ·	(Name, Location	and Type of License/Perr	nit)		
5. Do you hold and/or are you an officer, direc	tor, stockholder, agent or	employe of any pe	erson or corpor	ation or	
member/manager/agent of a limited liability	company holding or app	lying for a wholesa	le beer permit,		
brewery/winery permit or wholesale liquor, r	manufacturer or rectifier	permit in the State	of Wisconsin?.		Yes No
If yes, identify.					
(Name of Wholesale	Licensee or Permittee)		(Address E	By City and County)	
6. Named individual must list in chronological		•			
Employer's Name Employ	er's Address		Employed From	To	100. +
Blind Tiger	SIZ main		2017	1 +1	regent
Employer's Name Employ	512 mains er's Address Cau Claire		Employed From	То	
Blind Tiger Employer's Name Employ Lel Beverage E	an Claire		2015	$ \mathcal{A} $	דוט

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Submit to municipal clerk.

In	dividual's Full Name (please print) (last name)		(first name)		(middle nar	ne)	
	Cutter		Hessica		4		
Н	ome Address (street/route)	Post Office	City		State	Zip Code	
L	233 Olive St		Chippeu	re Falls	WI	94729	
Ho	ome Phone Number		Ag		Place of Bir	th	
	715-829-140	Va	3				
<u></u>	30.1 1.10	Α		-	1		
Th	e above named individual provides the	following information	n as a person who is (che	ck one):			
	Applying for an alcohol beverage lice	nse as an individua	l.				
F	A member of a partnership which is	making application for	or an alcohol beverage li	cense.			
F]	of					
	(Officer / Director / Member / Manager / A	gent)	(Name of Corporation,	imited Liability Compan	y or Nonprofit	Organization)	
	which is making application for an alc	ohol beverage licens	se.				
Th	e above named individual provides the	following information	n to the licensing authorit	v:			
	How long have you continuously resid	-		33 year	ers		
	Have you ever been convicted of any						
	violation of any federal laws, any Wisc						
	or municipality?					Yes	I No
	If yes, give law or ordinance violated, t						
	status of charges pending. (If more roo						
				· 			
3.	Are charges for any offenses presently	pending against yo	u (other than traffic unrel	ated to alcohol be	everages)		
	for violation of any federal laws, any W	lisconsin laws, any la	aws of other states or ore	dinances of any o	ounty or		
	municipality?		1002 (000) (000) (000) (000)			Yes	UNO
	If yes, describe status of charges pend	ling.					
4.	Do you hold, are you making application	on for or are you an	officer, director or agent	of a corporation/r	onprofit		
	organization or member/manager/ager	nt of a limited liability	company holding or app	olying for any oth	er alcohol		
	beverage license or permit?	,				Yes	No
	If yes, identify.		5)				
		(N	ame, Location and Type of License	/Permit)			
5.	Do you hold and/or are you an officer,	director, stockholder	, agent or employe of an	y person or corpo	oration or		
	member/manager/agent of a limited lia						
	brewery/winery permit or wholesale liq	uor, manufacturer or	rectifier permit in the St	ate of Wisconsin	?	Yes	Mo
	If yes, identify.						
	(Name of Wh	olesale Licensee or Permitte	e)	(Address	s By City and C	County)	
6.	Named individual must list in chronology	gical order last two e	mployers.				
	Emoloyer's Name	Employer's Address	<u> </u>	Employed From		То	
	Blind Tiger	512 W	late St	201	7	treser	1
	Employer's Name	Employer's Address		Employed From		То	
	Sand Bar			2014		Presento 2017	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Renewal Alcohol I	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Peri 450 1030715	
(Submit to municipal clerk. R	ead instructions	on page 3.)		EEIN Number	
For the Bosses western because	na Malala	22 andina A	10/201202	85 -198 19	10
For the license period beginning	ng U I UI (mm/dd yyyy)	∡∡ ending:_C	(min dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	A 10		Class A beer	\$
To the Governing Body of the:	₩####################################	Coltax		4elass B beer	\$ 100.00
	City of			Class C wine	\$ 100,00
County of Dunn		Aldaman	in Diat No	Class A liquor	\$
County of Dunn			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	a by Gramanos,	Class B liquor	\$
Check one: Individual	"Limited Liabili	ty Company		Reserve Class B liquor	\$
Partnership		onprofit Organiza	tion	Class B (wine only) winery	\$
_ ,		, ,		Publication fee	\$ 22.50
Complete A or B. All must of	omplete C.			TOTAL FEE	\$ 222.50
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
	(C: 4)	(8 Siddle blesses)	Name Address /Piros	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Sheet	, only at Fost Office, a zip oode;	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
	In the second se				
B. LLC or Corporation (and					
Full Legal Name of Corporation / Nont				Limited Liability Company (if different fro	
Little Slice o.	f Italy	LLC	501 ma	ein St. Colfax L	NI 54130
All corporations/organizations liquor must appoint an agent.			g for a license to se	ell fermented malt beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
	1	E		Troad Ave. Colox	(いー ミルブン
Jenson	Anne				WL 3413
All Officer(s) Director(s) of C			ers of Limited Lia	bility Company:	
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
Jenson.	Anne	E.	805 E. Rai	Troad Aug. Collap (DT 54730
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Cooleday / marines and marine	V. 11.001	(mago reamo)	1	NEXTER THE EXPLOSURE OF THE PROPERTY OF THE PR	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(1 1151)	(Iniddie Ivenius)	Tiente Adurese (Onder	, only of those of many and a series	
C. Business Information					
Trade Name	Slandar	0	Rucinaca Dh.	one Number <u>715-</u> 962-	. 4444
	_	229		ono Humbot 113	C1122
2. Address of Premises	201 Matr	~ S+	Post Office 8	Zip Code Colfax	54730
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bro	eweries No
Premises description: Definctude all rooms including records. (Alcohol beverage)	g living quarters, if	used, for the sale	es, service, consum	are to be sold and stored. The option, and/or storage of alcohoribed.)	ne applicant must ol beverages and
Dinin	g room, p	ianty room	., Storager	com, Kitchen	Patio
	.7. 	>****			

5.	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	PNO
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	D NO
7	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	U No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	Wes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	□No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	□ Yes	☐ No
11.	is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Yes	No
12 _.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	₽ No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name offication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin did, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	instance Statutes in connect	are true shall be ion with
Çor	ntact Person's Name (Last, First, M.L.) Title / Member Date	22	
Sig	Tenson Anne E Owner Email Address		
	715-962-4444 bellaboaco	Te you	wo cen
TO	BE COMPLETED BY CLERK		
Dat	E received and filed with municipal clerk Date reported to council / board Date license granted Date license granted		
Lice	ense number issued Date license issued Signature of Clerk Deputy Clerk	mer	

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (fir	rst name)		(middle na	me)
Jenson		Anne		E	
Home Address (street/route)	Post Office	City		State	Zip Code
805 E. Railroad	De	ColCor	.0	WI	54730
Home Phone Number	Ag	e		Place of B	irth
715-554-4110		5 <mark>.</mark>		Por	tage, WI
The above named individual provides the	e following information as	a person who is <i>(check i</i>	one):		
Applying for an alcohol beverage lice	ense as an individual .				
A member of a partnership which is	of				
(Officer / Director / Member / Manager /	Agent)	(Name of Corporation, Limit	ed Liability Company	or Nonprofit	Organization)
which is making application for an al	cohol beverage license.				
The above named individual provides the	following information to t	he licensing authority:			
How long have you continuously resident		· ·	54 years	S	
 Have you ever been convicted of any violation of any federal laws, any Wise or municipality? If yes, give law or ordinance violated, status of charges pending. (If more rown) 	consin laws, any laws of a	any other states or ordin	nances of any c	8 80	☐ Yes ☑No
 Are charges for any offenses presentl for violation of any federal laws, any v municipality? If yes, describe status of charges pen 	Visconsin laws, any laws	of other states or ordina	ances of any co	unty or	
 Do you hold, are you making applications. 			corporation/pc	nnrofit	
organization or member/manager/age beverage license or permit?	ent of a limited liability con	npany holding or applyir	ng for any othe	r alcohol	Yes No
		ocation and Type of License/Per			
 Do you hold and/or are you an officer, member/manager/agent of a limited lic brewery/winery permit or wholesale lic If yes, identify. 	ability company holding o quor, manufacturer or rect	r applying for a wholesa	ale beer permit,		Yes Yo
	holesale Licensee or Permittee)		(Address I	By City and C	County)
6. Named individual must list in chronolo		oyers.			
Emoloyer's Name	Employer's Address		Employed From		То
Selt	501 Met S	h	2007		Prosent
Employer's Name	Employer's Address	_	Employed From		To
Village Inn	Employer's Address 502 Man	St	1997		2007

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 456 102943847602 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 822896508 Telephone Number Blind Trade or Business Name (if different than Legal Name) (115) 962-428 Business Telephone Business Located In Business Address (License Location) Village Town) County Zip Code Municipality 547.30 Municipality State Mailing Address (if different than Business Address) WE 233 Organization (check one) Wisconsin Corporation - Enter date incorporated: 2017 Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? No Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from l No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing No untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No Yes from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved No Yes by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco No products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the Yes No licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on No Yes the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? Cigarettes / Tobacco will be sold through vending machine over counter READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially talse information on this application may be

JUN 0 2 2022

required to forfeit not more than \$1,000.

Applicable Laws and Rules

This document **Vilagge of Scients** are interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Remit to: COLFAX VILLAGE OF (TAX-WI) 613 MAIN STREET **COLFAX WI 54730**

MUNICIPAL USE ONLY
License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000208845-05

← This must be issued in the same Legal

Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 61-0852763 DOLGENCORP, LLC Telephone Number Trade or Business Name (if different than Legal Name) (615)855-4000 DOLLAR GENERAL STORE Business Address (License Location) Business Telephone Business Located In 120 Main St Town City Village 2622999755 Municipality County State Zip Code Colfax 54730-9107 Dunn WI of: Colfax State Zip Code Mailing Address (if different than Business Address) **Municipality** 37072 100 MISSION RIDGE GOODLETTSVILLE TN RECEIVED Organization (check one) Wisconsin Corporation – Enter date incorporated: IIN 0 3 2022 Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes Yes No Partnership Village of Colfax Other (describe) OUT-OF STATE LIMITED LIABILITY COMPANY 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who l No hold a permit with the Wisconsin Department of Revenue? No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing Yes untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP- 129, revenue.wi.gov/forms/excise/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from Yes No another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved by Yes No the Wisconsin Department of Health Services? (https://witobaccocheck.org) ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco_products Yes and nicotine products to minors (including electronic cigarettes containing nicotine)? Yes ΠNο 6. Does the applicant understand that they may not sell single cigarettes? No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed Yes premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Yes Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? through vending machine both Cigarettes / Tobacco will be sold over counter

READ CAREELII I V RECORE SICHIMO

trι Vendor #287922

ар

riç

Invoice #202311827TOBCITY5

Ar Batch #22803 а

\$ 5.00

penalty provided by law, the applicant states that each of the above questions has been f the applicant. Applicant agrees to operate this business according to law and that the (s), if granted, cannot be assigned to another.

emises during inspection will be deemed a refusal to permit inspection. Such refusal is nis license. Any person who knowingly provides materially false information on this n \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902

PHONE: 608-266-2776 FAX: 608-261-6248

EMAIL: sales10@revenue,wi.gov WEBSITE: www.revenue.wi.gov

DOLGENCORP LLC 100 MISSION RDG GOODLETTSVILLE TN 37072-2171 Letter ID: L1728810304 Batch Index: 1356179968-75

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME:

DOLGENCORP LLC

BUSINESS NAME:

DOLLAR GENERAL STORÉ #11827

120 S MAIN ST

COLFAX WI 54730-9106

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Тах Туре	Account Type	Filing Number	Account Number	
Sales & Use	Seller's Permit		456-0000208845-05	

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.		Period Covered			
Submit to mamerpar cierk.			7/1/	/22 TO 6/30/23	
Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same		st he issued in the same	Date of	Issuance	
456-1026446429-02 Legal Name of the licensee below.					
Legal Name (corporation, limite	d liability company, partnersl	nip or sole proprietorship)		Federal	Employer Identification No. (FEIN)
1		A FALLS, LLC		27-1107309	
Trade or Business Name (if o				Telepho	ne Number
EXPRESS MART				(715) 723-2822
Business Address (License L	ocation)		Business Located In	1	s Telephone
616 MAIN ST			City Village Town) 962-3241
Municipality	State	Zip Code	of: COLFAX	County	
COLFAX	MI	54730		DUN	
Mailing Address (if different t			Municipality	State	Zip Code
310 S MAIN S'			CHIPPEWA FALLS	MI	54729
Organization (check or					
Sole Proprietor	Wiscons	sin Corporation – Ent	ter date incorporated:		n
Partnership	Out-of-S	State Corporation – A	re you registered to do business in \	Viscons	sin?
Other (describe)	LIMITED LIA	BILITY COMPA	ANY		
✓ Yes			that they must purchase cigarette ers, who hold a permit with the W		
✓ Yes ☐ No	2. Does the app	licant understand th	at they must obtain a Tobacco Prod	lucts Di	stributor permit if purchasing
			an out-of-state company? (Toba		
			epartment of Revenue at 608-26	6-6701.	See application form CTP-
	129, revenue	wi.gov/dorforms/cl	tp-129.pdf.)		
Yes No	No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?				
Yes No		Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)			
✓ Yes ☐ No		Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?			
Yes No	6. Does the app	Does the applicant understand that they may not sell single cigarettes?			
Yes No					
licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?					
Yes No	the Wisconsi	n Department of Jus	nat only cigarettes and roll-your-ow stice's website labeled "Directory i.us/dls/tobacco-directory may be	of Certi	fied Tobacco Manufacturers
Cigarettes / Tobacco	will be sold	ver counter	through vending mach	ine	both
been truthfully answerd that the rights and resportion of a licensed grounds for revocation required to forfeit not re	ed to the best of the ponsibilities confer premises during in of this license. A	e knowledge of the a red by the license(s spection will be deer ny person who know	vided by law, the applicant states the applicant. Applicant agrees to operates, if granted, cannot be assigned to med a refusal to permit inspection. Wingly provides materially false information (Officer of Corporation Member / Manager of	te this b o anoth Such re ormation	usiness according to law and er.Any lack of access to any efusal is a misdemeanor and n on this application may be
17174	1 4 6066				

Applicable Laws and Rules

This document p**tolkage stateories** or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MUNICIPAL USE ONLY

License Number

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Thru 6-30.2023 Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 454000016554802 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) 391347846 Bar Duthouse Telephone Number Trade or Business Name (if different than Legal Name) (715) 962-2425 whouse Business Telephone Business Located In Business Address (License Location) City Village Town (115)942-3339mai Zip Code County Municipality State 54730 WI Municipality State Zip Code Mailing Address (if different than Business Address) 54730 Boy WI P-0. Organization (check one) Wisconsin Corporation - Enter date incorporated: Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? No Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing Yes No untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products Yes No from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved Yes Yes ∃Nο by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco **V** Yes ΠoN products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? Yes ΠoN 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the Yes □No licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? ✓ Yes 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on ΠoN the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? over counter through vending machine Cigarettes / Tobacco will be sold READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

MAY 2 0 2022

Applicable Laws and Rules

This document providing to the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

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Member / Manager of Limited Liability Company / Partner / Individual)

Application	for Cigaret	tte an	d			MUNICIPAL USE ONLY	
Tobacco Pro	_				License	Number	
Submit to municipal clerk.		力	5.00	Period (
•				ru 6-30-2023			
Applicant's Wisconsin 15-456-102042	=	int Number		st be issued in the same ame of the licensee below.	Date of	Issuance	
Legal Name (corporation, lii	mited liability company, pa	artnership or s	sole proprietorship)		Federal	Employer Identification No. (FEIN)	
SYNERGY COM			ATIVE		39-	1764869	
Trade or Business Name	` _	l Name)			1 '	ne Number	
SYNERGY COC) 879-5454	
Business Address (Licens 401 E RAILI				Business Located In City Village Town		Business Telephone (715) 962-3172	
Municipality		State Zig	Code		County	7 302 3172	
COLFAX			54730	of: COLFAX	DUN	N	
Mailing Address (if differe				Municipality	State	Zip Code	
P.O. BOX 70				ELK MOUND	WI	54739	
Organization <i>(check</i>	*						
Sole Proprietor	√ Wis	sconsin C	Corporation – Ente	er date incorporated:09/22/1	1993		
Partnership	Out	t-of-State	Corporation – A	re you registered to do business in V	Viscons	in? Yes No	
Other (describe)							
Yes No				that they must purchase cigaretteers, who hold a permit with the Wi			
✓ Yes	Does the untaxed available	applicar tobacco from th	nt understand that products from	at they must obtain a Tobacco Prod an out-of-state company? (Toba epartment of Revenue at 608-266	ucts Di	stributor permit if purchasing oducts Distributor permit is	
✓ Yes No		Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?					
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✓ Yes	6. Does the	e applica	int understand th	hat they may not sell single cigare	ettes?		
✓ Yes	licensed Wiscons	premise sin Depar	es for two years rtment of Reven	that cigarette and tobacco produ from the date of the invoice and nue/law enforcement and that failu ettes/tobacco products?	be ava	ailable for inspection by the	
√ Yes	the Wisc	onsin De	epartment of Jus	at only cigarettes and roll-your-ow stice's website labeled "Directory o .us/dls/tobacco-directory may be	of Certif	fied Tobacco Manufacturers	
Cigarettes / Tobacc	o will be sold	\checkmark	over counter	through vending mach	ine	both	
been truthfully answ that the rights and r por-tion of a license	ered to the best of esponsibilities co d premises during ion of this licens	of the kno onferred ng inspec se. Any p	owledge of the ap by the license(s) tion will be deen	vided by law, the applicant states the oplicant. Applicant agrees to operate by if granted, cannot be assigned to ned a refusal to permit inspection. Vingly provides materially false info	e this be anothe Such re	usiness according to law and er.Any lack of access to any efusal is a misdemeanor and	

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WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902 ph: 608-266-2776 fax: 608-264-6884 email: DORBusinessTax@wisconsin.gov website: revenue.wi.gov

Letter ID

L0194108176

SYNERGY COMMUNITY COOPERATIVE PO BOX 155 RIDGELAND WI 54763-0155

Wisconsin Department of Revenue Seller's Permit

Legal/real name:

SYNERGY COMMUNITY COOPERATIVE

Business name:

SYNERGY COMMUNITY COOPERATIVE

618 MAIN ST

COLFAX WI 54730-9148

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax TypeAccount TypeAccount NumberSales & Use TaxSeller's Permit456-1020420796-02

Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221

July 1, <u>2022</u> to June 30, <u>2023</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant 10m fam m	oed 1
2. Address 705 Uni Vers: ty Au	E. CULTAY US 547
(tom) 715 308-7377 7	15-308-1946 (Pam
4. Parcel Number 17/11-2- 29/109-	430-6040
5. Number of female chickens (maximum 10)	
6. Application (circle one) New	(Renewal)
In submitting this application, I hereby agree to comply with the re Ordinances. I understand the information requested on this form license or processing of a renewal application. I understand the information when received by the Village of Colfax. I have no inteperson or to allow any other entity to operate under the authority of statements are true and correct to the best of my knowledge and to Ordinance under which this license is granted.	will be used by the Village of Colfax in the issuance of a new formation supplied on this form will become public ntion or agreement to transfer the license to another of the license. I hereby affirm that the foregoing
Deforme	Q-15-22
Signature of Applicant	Dato
======================================	
	Date Board Reviewed Application Approved / Denied License Number

Parks Committee Meeting June 6th, 2022 1:00 p.m.

The Village of Colfax Parks Committee met on June 6th, 2022 at 1:00 p.m. at A Little Slice of Italy, 501 Main Street, Colfax, WI. Members present: Chair Jeff Prince and Annie Jenson. Excused: Gary Stene. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Parks Discussions

Spreading Garden – There was a discussion of where the spreading garden is at. Niggemann and Bates explained that there were several meetings in the past that had drawn out a larger scale spreading garden which began prior to 2014 and at a later time the project was scaled back. To date the project has not started. Discussions included do we want to move forward with a spreading garden or do we want to rescind the prior board actions to move forward? There have not been any inquiries even though the project was discussed a lot in the past. Committee members felt that the spreading garden topic was possibly a phase. The Village also implemented the cremation sites shortly before the discussions of the spreading garden. A motion was made by Jenson and seconded by Prince to make a recommendation to the Board to put the spreading garden idea to rest. A voice vote was taken with all members voting in favor. Motion carried.

Campground Progress – Prince checked on the cost of white paint to paint lines in Stuart Park to allow the stakes to be removed for the tournament weekend. Cost is \$90 for a five gallon pail.

Electric Design Plan – Johnny Larson from Bear Valley has provided a cost of \$800-\$900 to create a design plan and materials list for the project to allow for the Parks Committee to begin the request for pricing from vendors. A motion was made by Jenson and seconded by Prince to recommend to the Board to approve getting an electrical design plan to continue moving forward with the cost analysis. A voice vote was taken with all members voting in favor. Motion carried.

Any other Parks business

Signs-

Cemetery - The committee would like to get costs for a new cemetery sign similar to Iverson park sign. Jenson will check into the sign ad get costs.

Henderson – Get permission from Henderson to remove the sign on the south end of the Village limit's. The sign is no longer readable.

Memorial flag display - Examples of ideas include Bloomer and Fall Creek. Possible locations include J.D. Simons Park, Cemetery, and the Park area by the footbridge or possible vacant land near the old Root Beer stand.

Adjourn: A motion was made by Prince and seconded by Jenson to adjourn the meeting at 2:48 p.m. A voice vote was taken with all members voting in favor. Motion carried.

Public properties Committee Meeting June 6th, 2022 6:00 p.m.

The Village of Colfax Public Properties Committee met on June 6th, 2022 at 6:00 p.m. at Village Hall, 613 Main Street, Colfax, WI. Members present: Chair Gary Stene and Margaret Burcham. Excused: Anne Jenson. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Discussion of village owned Properties

The Committee began by review the list of Village buildings that Bates provided. The list included the type of roofs that each of the buildings had and the condition of each roof. As the committee went through each building on the list additional items were discussed about each building and issues that should be reviewed. **EMS building** upstairs has sleeping areas, but not actual bedrooms and the ambulance bay has a lot of space used to store exercise equipment that is not used, should we consider selling the equipment? Catch basin in the ambulance bay is needed since the design of the building missed incorporating one in.

Beer Garden/Dance Area – There has been a request to have audio sound panels installed in the area above the band stage to deflect the loud music for events. Bates and Niggemann will contact audio sound people to analysis options. The lighting is dim in the beer garden; do we want to change that?

Bathrooms – Check bathroom stall walls to verify that they are in good condition before the fair.

Band Shell – Andy's Custom Concrete, Inc. has provided a cost estimate that was lower than the previous estimate received in 2021; \$3,232.

Cemetery - Garage - Shingles will need replacing in the next few years. Review in 2024 for possible replacement in 2025.

Cemetery - Work Shop – This building has wood siding and needs painting.

Well House #1– Well House #1 in Tower Park floor has settled and there is a gap in the concrete that should be filled in and repaired. Bates will get an estimate.

Well House #3 –Well House #3 located near Kyle's Market is also in need of shingle replacement. The size of the building is about the same as Well House #1 so estimated cost for steel roof is \$8500. This building also needs from cement block repair.

Tom Prince Memorial Park – Verify that all outlets are working in the concessions. The bleachers need painting.

Village Hall – The Southwest corner of the building needs to be repaired. Bates will get additional estimates. The Stoop in front of Village Hall needs the soffit and fascia painted. The handicap entrance door needs to be replaced. Looks at the breaker for Niggemann's office and the Library storage room. When microwave is powered on and Niggemann prints the breaker kicks out.

Village Hall Gazebo –Roof is in the process of being replaced. We need to look at the steps and a possible hand rail. The floor of the gazebo needs to be cleaned and stained rather than painted.

J.D. Simons Park – Knutson inquired about the possibility to get power ran from the flag pole in J.D. Simons Park to the Christmas tree.

A motion was made by Burcham and seconded by Stene to recommend to the Board to begin updating and planning for the mention items above. A voice vote was taken with all members voting in favor. Motion carried.

Any other Public Properties discussion

The committee discussed:

- Felland house and the condition of the roof. Niggemann has noticed that there are some individuals working on the roof. With all hopes, the same individuals will also help clean up the property.
- Midwest Classic junk piles have increased; this issue needs to be taken care of.
- 903 University Ave. Johnson property needs to get rid of the unsightly items in the back yard and the brush
 pile needs to be gone. The pile has been there for greater than seven years and now is starting to
 accumulate some pieces of furniture.

Long grass – The committee mentioned the properties behind the Outhouse and the property on the corner of University Avenue and County Road M. Niggemann will ask the Police Chief to get notices to these properties.

Adjourn:	All business was considered and the meeting adjourned at 7:00 p.m.					
	Gary Stene, Chair					

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-	Jeff Prince, Chair	

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	Ga	ry Stene, Chair	

Proposal —

Colfax, WI 547.	
SITE NAME VILLA ge of Colfax OWNERS NAME	
STREET	
CITY, STATE AND ZIP CODE	
PHONE PHONE	
The services provided by the above contractor include all materials, labor, and clean up of materials after job is comp	oleted.
JOB DESCRIPTION	21.0
	. A-,
* Fair ground Stage	
44' of 6' mall	
44' of 6' wall 4x36 concrete slab #3232	y Tşiril
	** . **
Does Not include digging	8 .8
	er ^{k)}
Main St.	
Tear out & replace (3) sections	\rightarrow
of sidewalk and (1) light pok base \$1275	
- Dole By Bridge	-11-14-22
Light fore by bliss	
	74
PAYMENT DUE UPON COMPLETION Amount Due (\$)
Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Authorized Signature	nc.
50% down before project is STARTED. Remaining balance due upon completion.	
Date 5/3/2Z	
See back side of this document for Wisconsin construction lien notices. This Proposal may be withdrawn by us if not accepted within thirty (30) days 0	M
Acceptance Of Proposal	
The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Signature	

Signature _